21225

FOR - STATE

REGISTRAR

Burial

Balto

Md

George J. Gonce 4001 Ritchie Hgwv

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

LAST

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

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Singleton Funeral Home, Glen Burnie, MD

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

1. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

CERTIFICATE OF DEATH

REG NO

STATE

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	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		2 2 3 2 9
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death. P tuneral d at office.	10.0	SLANDS	76 CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL NURS	MARRIED NEVER MARRI WIDOWED DIVORCI	ED Hone Hr	rundel MD.
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maryte ampletely and 2 s		Unknou	MIDDLE LAST	15. MOTHER'S MAIL FIRST	Unknown	LAST
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours rattending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, ar remaval. orked ar Item 18 spaws any injury, ar ather traumatic event, the medical examiner must be	16a	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV ES 1925	RMED FORCES? 166. SOCIAL SEC YE WAR OR DATES) 219.40		Linginia Aprilio	Same as
or, BAL reficate physicia an paper emaval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b) of ED BY: TE CAUSE (a)	iai Ameri	J	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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that the by the case remo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A A SINSEO	IVENCE OF		
equires equires of signed Then ple r to buricinjury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE	he terminal disease or condition	GIVEN IN PART 1(a)
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SION OF VITA PHYSICIAN: The ending physicic this certificate the burial-transit ad Mental Hygie d ar Item 18 sho		THE ACCIDENT WAS UNDERLYING THE CONTRIBUTING TO CAUSE OF DEAL OF DEAL PROPERTY MEDICAL EXAMINES.	HOUR A.M. MONTH	DAY YEAR 19	OCCURRED (ENTER NATURE OF HAURY IN ITEM	I B. PART (ISH PART 2)
DIVISION DING PHYS or attendin After this c is as the bur alth and Me marked or I	MEDICAL	ZHA INJURY OCCURRED WHILE TO HOLIMAN TO HOL	21st PLACE OF INJURY EXT HOME STREET PACTORS OFFICE	E FARM ETC.) 2H LOCATION	COL	COUNTY SYATE
TTEND ortal a TOR: A far use of Heal		278.1 certify and (1) this hospi saw the deceased alive on above. (1) (wey diday did no	steer &	52 And that in (my) (our)	ppimon death occurred on the date and	19 that (f) (we) fast four and from the causes stated
AL OR A The hass		77h S/GNATURE	Menty	DEGREE ATTEN	DING MEDICAL STAFF	9-21-82
TO HOSPITAL OR retained by the h TO FUNERAL DIRIR should be detache with the State Dep		274 PHYSICIAN SHAME I'M	WEINTRAINE	NO INU F	orbes St. Ann	00.00 lis. Mil 2140
BP OF S	23a.	BURIAL, CREMATION, REMOVAL	1236. DATE 23.1982	Lakement		COUNTY STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	-	ohn M. Taylor	, ,	1-00110111		GISTRAR'S SIGNATURE

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(BA)		CEASED NAME FIRST	1	MIDDLE		LAST				AR 2b. HOUR
a Stall	(14)	CATHLE	EN	L.	BAKE	R		SEPTEMBER	24. 1982	02:30Am
moy moy	3. St		4. RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1	YEAR IF UNDER 24 HRS
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de 1 6/		ew Jersey	U.S.		WIDOW	ED DIVOR	CED 🗌	ANNE ARUN	DEL COUNTY	MD.
S ofter S ofter	10.0	GLEN BURNIE	(IF NOT IN SU	HOSPITAL, NUI ICH FACILITY, GIVE ST HARUND	REET ADDRESS)	OR OTHER INSTITUT	NOI	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Homemaker	F WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rattending physician. After this certificate has been signed by the attending physician and completiny filled in by as the burial-transit permit. Then please remove carbonapopers. Paget 1 and 2 to ald be fill the and Mental Hygiene prior to burial, cremation, ar remaval.	14, F	ATHER'S NAME FIRST	MIDDLE	Leeson		15. MOTHER'S MA FIRST	IDEN NAM			LAST
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ALT sicio pers. ol.		18 CAUSE OF DEATH (Ent	er anly ane cause pe	function (a), (b)	, and (c).)		N	1 1		PPROXIMATE INTERVAL
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S beer s prior	CERTIFICATION	190. DATE OF OPERATION	196. CONE	DITION FOR WH	ICH OPERATIO	N WAS PERFORME	D	20a AUTOPAN	20b. IF YES, WERE FI	INDINGS USED USES OF DEATH?
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PHYSIC ending this cert he buriol and Ments dor then	WED	21d. INJURY OCCURRED	LAT HOME ST	OF INJURY	ICE, FARM, ETC)	211 LOCATION		CITY OR TO	wn count	TY STATE
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DHMH - 16 50M 4/B2	24. F	UNERAL DIRECTOR	1				250. DATE	REC'D. BY REGISTRAR		
(VRA 15, 4)	A	natomy Board	Bal	to., Md			SE	P 29 1982	go and	. coming

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	11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE 8 2	22331
	1	REGISTRAR Cha-	Los Wester	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	BALLAYD	20. DATE OF DEATH MONT	H DAY YEAR 2b. HOUR
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0	10. C	TY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION	126. KIND OF BUSINESS OR
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oe			OTHER INSTITUTION GIVE RESIDENCE BEFORE		Custodian	
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\$21		loshwa	BALLA	m CTOIL	n	Crowdy
0		AS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	ADDRESS	
	- ((IF YES, GIV	WAR OR DATES)	9131		0
D #		18 CALICE OF DEATH (5				APPROXIMATE INTERVAL 8ETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	y one couse per line for (o), (b), on O BY:		+.	
2		14100 IMMEDIAT	E CAUSE (0) Myec	PROIAL INTARC	1100	3 min.
5		7100	DUE TO, OR AS A CONSEQUE	ENCE OF A +		
5		Conditions, if any, which	(b) Coron	arry ARIERY In	safficency	5425.
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	INCE OF		
		underlying couse lost	(c)			
		PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1(g)
	CERTIFICATION	COPD	+ CHF+ CA			stevial Disease
07	AT	190 DATE OF OPERATION		OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
	잂		diff. District	_	INC	CERTIFYING CAUSES OF DEATH?
7	ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21. HOW IN HIPY OCCUPA	YES NO X	YES NO
9		OR CONTRIBUTING CAUSE OF DEA		AY YEAR	RED (ENTER NATURE OF INJURY IN ITE	EM 18: PART 1 OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
	ED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	2	AT WORK NOT WHILE				
		22a.1 certify that (I) (this hospit	al) attended the deceased from_	2 , and that in (my) (our) opinion	10 7/28	. 19 \$2 , that (1) (we) last
		sow the deceased alive an	7/28/ 198	2 , and that in (my) (our) opinion	death occurred on the date on	nd hour and from the causes stated
		22b SISNATURE	view the body offer depth.	DEGREE		22c. DATE SIGNED
		KI D.	19 1-0	ATTENDING	MEDICAL STAFF	9/1- /5-
		Julion	96.1000	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	1/10/82
		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	22e. ADDRESS		
		TICHARd	E. COOK	md ANI	NAPOLIS	md
	23a E	URIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	E	34 min 1	9-14-82 4	LNNA POLIS Nor	CITY OR TOWN	2. Para nad
B1	24. Ft	INERAL DIRECTOR	111	(1) 250 (D) ET	TREOD BY HER STRAR 25 PR	LOUSTRAND SIGNATURE
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	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL CERTIFIC ATE OF DEATH
WIDDLE	LAST

HYGIENE 8

FOR - STATE REGISTRAR REG. NO DECEASED NAME 2g. DATE OF DEATH DAY Th. CITIZEN OF WHAT COUNTRY? ITY OR COUNTY OF DEATH BALTIMORE MARRIED NEVER MARRIED COUNTRYS U.S.A. DIVORCED WIDOWEDXX NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE!
Retired ome or other institution, give residence before admission) COUNTY 13(. CITY OR TOWN Md . 13H COUNTY 13e, STREET ADDRESS Maryland Prince Georges Temple Hil NOF 2900 Sin Clair Drive 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Edd Chiles Mary Brown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Temple Hills, Md. 402-07-8598 Alfred Ballinger, Son, 2900 Sin Clair Drive No 18 CAUSE OF DEATH Enter only one cause per lin PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR A Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO. NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (I) (14ns haspital) attended the deceased from sow the deceased alive an. and that in (new) roar) apinion death accurred an the date and haur and from the causes stated wafter death

230 BURIAL, CREMATION, REMOVAL Burial September

22b. SIGN ACURE

22d PHYSICIAN'S NAME

236 DATE 9-17-82 TI NAME OF CEMETERY OF CREMATORY Greenwood Cemetery

DEGREE

TTENDING:

M. LOCATION Louisille,

MEDICAL

24 FUNERAL DIRECTOR 1.0. A Bacon Appel Washington, D.C. W.H. Bacon Funeral Home, 3447-14th Street, N.W.

STAFF NIRECTOR PHYSICIAN

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND

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CALL BANKS BARN WHITE HELDER CO. IN NOTE USE Charles Anne must be an experient former southing acus ba matin scill x leumstad aa de Emerck Oak NO - SILIR BY S A SOM A COPE BILLS - ON UM AA allemateral transport total utget Innes

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by this should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

IMPORTANT: If frem 21 is marked ar frem 18 shows any injury, ar ather traumatic event, the medical

STATE OF MARYLAND

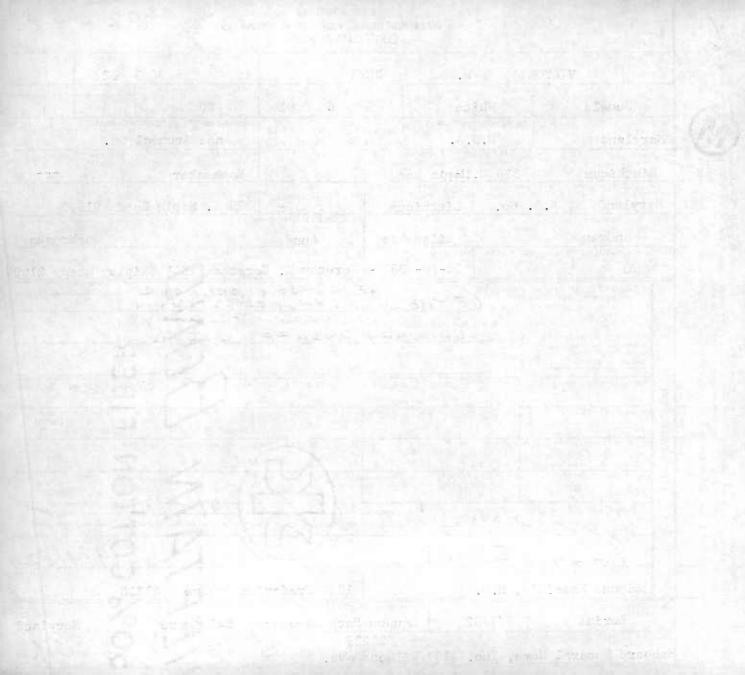
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			HEALTH AND MENTAL H	HYGIENE 8 2	ha da	, 3 3
	CEASED NAME FIRST	MIDDI	LE .	LAST	20. DATE OF DEATH MC	ONTH DAY YEAR	26 HOUR
(TYP	VICTO	ORIA U.	. BE	TZ		9 3 82	44
3 SE	X	4 RACE	-	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		AR IF UNDER 24 HRS
	Female	White		6 01	80	YRS DAY	S HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHA	AA A DD IS	D NEVER MARRIED	9 BALTIMORE CITY OR		STREET, STREET
	aryland	U.S.A	A. WIDOW	ED DIVORCED	A A	ndel Co.	MD.
	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FAI	PITAL, NURSING HOME (CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12g USUAL OCCUPATION		OF BUSINESS OR
	Linthicum AL RESIDENCE (IF NURSING HOME (329 E.M	aple Road		Homemaker		
13a.	STATE 13b COL	INTY 13c	CITY OR TOWN Linthicum	138 INSIDE CITY LIMITS YES NO X	? 13e. STREET ADDRESS 329 E. Map1	e Road 21	L090
14. F/	ATHER'S NAME FIRST Andrew	WIDDLE	Milauckas	15. MOTHER'S MAIDEN FIRST Ann	NAME	De	embroska
16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		moroska
-	YES NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATEST	14-20-4367	Dorothy K.	Horstman 541		Road 2109 OXIMATE INTERVAL EN ONSET AND DEATH
ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS (b) (2) DUE TO, OR AS (c) CONDITIONS CONT	A CONSEQUENCE OF	T UNKNOW TOUS LE FE	ESI'AS TINGEN POLINA	ION GIVEN IN PART	DINGS LISED
TIFIC					YES I NOI	N CERTIFYING CAUS	ES OF DEATH?
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	.71111	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR PART 2	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF II	NJURY FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this has sow the deceased alive a above, (1) (we) (did n			nd that in (my) jour) opini	on death occurred on the date	and hour and from the	-, that (I) (we) lost he couses stated
	226. SIGNATURE	二九	des	DEGREE ATTENDING PHYSICIAN 122e. ADDRESS		0	TESIGNED 4/82
	Edmund Kasait				erick Avenue	21228	
	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATOR	CITY OF LOWN	COUNTY	
	Burial	9/7/82	Loudon	Park Cemete	ry Baltimore		Maryland
	uneral director bard Funeral H	lome, Inc.		223	EP 71982		

DHMH - 16 50M 1/B1 (VRA 15, 4)

retained by the haspital or attending physician

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	- STATE REGISTRAR				PEI AIK		ICATE OF I	EATH	REG. N	0.		
		CEASED NAME	F	IRST	A	AIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	(116)	OR PRINT)	JOS:	EPH	FI	RANK	BOH	IUSLAV	, SR.	September	12	, 1982	7 Am
	3 SE	Х			4. RACE		5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Male			White		Marc	ch 24,	1 933	49	YRS.	MONTHS DAYS	HOURS MIN.
76	7a. B	RTHPLACE (5)	ATE OF FORE	IGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER /	AAPPIED [9 BALTIMORE CITY O		Y OF DEATH	
1	N	larylar	nd		U.S	S.A.	WIDOWE		VORCED [Anne A	cunde	el	MD.
4	1	en Bur				HOSPITAL, NURS H FACILITY, GIVE STREE Arunde				120 USUAL OCCUPATION OF MECHANIC		Renno	F BUSINESS OR
5	Ma. 9	AL RESIDENCE IN STATE	131	COUN	IY Anne	GIVE RESIDENCE BEFO 134. CITY OR TO Glen B	WN .	13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRESS 27 Marley	y Ne	ck Road	21061
11	14 FA	THER'S NAME			MIDDLE	LAST			MAIDEN NA	ME		1451	
4	L	Johr	1			Bohus	slav	Th	eresa			Berg	ger .
		VAS DECEASED VES. NO OR UNKNOV Yes	WN) []		WAR OR DATES)	213-30		Mrs.	()	Vife) ADDRE E. Bohusla		Same #13	
7	AL CERTIFICATION	Conditions, if gove rise to couse (o), underlying PART 2 OTHER 19a DATE OF COURT OR CONTRIBUTION OR CONTRIBUTION	f ony, who o immed stating couse RSIGNIFI	CAUSED MEDIATI hich iote the lost CANT C	DUE TO, OR (c) DUE TO, OR (c) 19b. CONDITIONS CO 21b. TIME OF HOUR A.M.	tion for whic finjury m. month (JENCE OF DEATH BUT H OPERATION DAY YEAR	NOT RELATED WAS PERFO	teno. teria	VYCLIAN VICTOR VICTO	PPI PPI DITION GR S 20b. IF YE IN CERTI	SUM WEN IN PART 110 S., WERE FINDIN IFYING CAUSES (5 768, 10 78.
	MEDICAL	220.1 certify th	NOT WHILE AT WORK hot (I) (thi leceosed of (we) (did)	s hospite		DE INJURY EET, FACTORY, OFFICE Odescassed from	31	DEGREE	(our) opinion o	CITY OR TO CITY OR TO A 12 Decit occurred on the do MEDICAL STAF DIRECTOR PHYSIC	ote and has	county, 19 32, 19 ur and from the county 22c. DATE S	
1		22d. PHYSICIAN	. /				5.5	22e. ADDRES		xt Dood (7105	Durnic	Ma
1		Dr. Jo	usep.	11 .1,	aler			BO A	quana.	rt Road, (Ten	DULIITE	e, Ma.

should be detoched with the Stote Dept. MPORTANT: If He 230. BURIAL, CREMATION, REMOVAL

231. NAME OF CEMETERY OR CREMATORY

95 Aquahart Road, Glen Burnie, Md.

Glen Burnie, COUNTY A.A. Sept Burial Glen Haven Mem. Pk Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

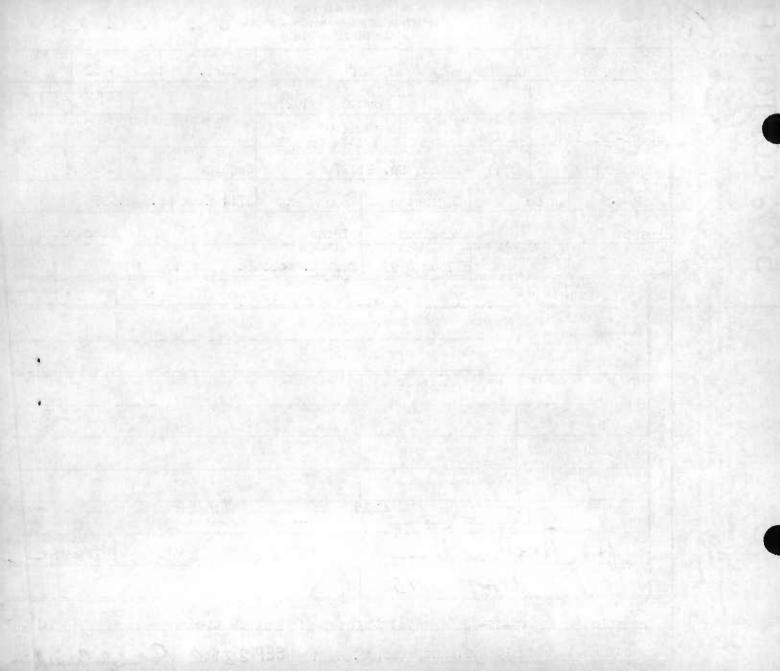
BP.

TO FUNERAL DIRECTOR

Singleton Funeral Home, Glen Burnie, Md

telement per a contract of the ENGL PRINT THE RESIDENCE AND THE PARTY OF TH TO SEE THE SECRET STORY OF THE SECRET SECRET SERVICES many generally considerable

STATE OF MARYLAND



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7601 Sandy Spring Rd. Laurel, Md. 20707

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) HILDA LOUISE BRENNER SEPTEMBER 7. 1982 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Female White 98 84 7a. BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Md. WIDOWED DIVORCED [ANNE ARUNDEL COUNTY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GLEN BURNIE NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY A. 13c. CITY OR TOWNena 13d. INSIDE CITY LIMITS? Md. (21122)Road NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME George MIDDLE MIDDLE Emma Schanze Burkhardt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. **ADDRESS** 17 INFORMANT 21226 (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST 214-46-0923 Charles R. No Brenner 8107 Holly Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY metalthic concinons IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES | NOF YES [NO T Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211, LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify the (1) this hospital) mended the defeased from e, and that is (my) (our) opinion death occurred on the date and hour and from the causes stated above (i)(we) did (did not) view the body after death 22h SIGN 43 DEGREE -ATTENDING DIRECTOR PHYSICIAN MPORTANT 222 PHYSICIAN'S NAME IT YE OF PAINT! 22e. ADDRESS should be with the 7845 OAKWOOD ROAD, #204 CHARLES J. WU. M.D. GLEN_BURNIE. MD. 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION Meadowridge Cem. burial WeslevGrove HowardCo 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Gonce F.H., P.A. 4001 Ritchie Hwy. 21225 (VRA 15, 4)

Property of the state of the state of the S/10/62 . solong to the control of the second secon Min owner of the man state to the state of the same

10	1	FOR STATE REGISTRAR		DEPART		EALTH AND MICATE OF DI		IENE 8 2	NO.	2 2 3	E.D.T.
		CEASED NAME FIRST	MI	DDLE		AST		20. DATE OF DEATH		DAY YEAR	26. HOUR
tho of	{TYP	AG.	NES C	OCHRANE	E	RODIE		SEPTEMBE	R 6.	1982	2:43 A.
4 /	3. SE		4. RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAST E		IF UNDER 1 YEAR	IF UNDER 24 HRS
to		Female	White		2 MONTH	10°	1909	73	YRS	MONTHS DAYS	HOURS MIN.
m to V	Йo. В	IRTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF W	HAT COUNTRY?	8.			9. BALTIMORE CITY			
DVL)/		Scotland \	Scotla	and 🗸	WIDOWE	D NEVER M.	ORCED	ANNE AR	UNDEL	COUNTY	MD,
14	10. C	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	NG HOME C	R OTHER INSTI	TUTION	12a. USUAL OCCUPA	TION	126. KIND O	F BUSINESS OR
1 Ta		GLEN BURNIE		ARUNDEL		ITAL)V	(TYPE OF WORK FOR MOST	OF WORKING	Bank	ing
3 47	Hlo.	AL RESIDENCE (IF NURSING HOME OR STATE 1817 COUN		VE RESIDENCE BEFOR		13d. INSIDE CIT	Y LIMITS?	13. STREET ADDRESS	5		
1/		Scotland		Edinbur			ио Х	43 Craige	ntinn	y Rd.	
4/1/	14. F	ATHER'S NAME	AIDDLE	LAST		15. MOTHER'S	MAIDEN NAA	ME		LAS	
all		Charles		chran		Cath	erine	Missign		Airlie	
32		WAS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECU	JRITY NO.	17. INFORMAN	11	ADD	RESS		
5		NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	N2A		James 1	Brodie?	Yeomanry Ho	ouse 1	Boxley R	d. Engla
, ě		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per li	ne for (a), (b), an	d (c)		4.4			APPROXI BETWEEN C	MATE INTERVAL
1			BY: E CAUSE (o)	1/1	661	in C	NA			1	Dan
office of		4310		AS A CONSEQU				1 1			./
, mo		Conditions, if any, which	(b)	-3 A CONSEQU	Evita	11 Conce	wal	Bleed.			14.
other tro		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQU	•				100		
othe		underlying couse lost.	(c)	45 A CONSEGU	ENCEOF						
fo bursol, njury, or o		PART 2. OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED T	TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 1	31
	CERTIFICATION										
ony	3	190. DATE OF OPERATION	196. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	GS USED
ond Mental Hygiene	E							YES NO		YES	NO 🗆
them 18 so		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			AY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF IN	IURY IN ITEM 1	8 PART I OR PART 2)	
E 7	S	(IF EITHER NOTIFY MEDICAL EXAMINER)			19						
5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OI	T. FACTORY, OFFICE, I	526.1	211. LOCATION	N	CITY OR 1	OWN	COUNTY	STATE
rked	2	AT WORK AT WORK	(AT HOME, STREE	I, FACTORY, OFFILE,	ARM, EIC J						
OE S	3	220.1 certify though this hospit	offended he	deceased from_	7/1/	87/	10	_, to_G/L		, 19 2	that (we lost
21 is		sow the deceased after air, above (II) we rold (I did not			, or	d that in (m)	our) pinion o	eoth occurred on the	dote and h	our and from the	couses stoted
TANT: If Item	17	27h SUSWANDRE	priew the dudy of	ner dedin.	M	PEGREE		/		IZL DATE	SIGNED.
F = -		No 100	ee	-	1	AT	TENDING HYSICIAN	MEDICAL ST.	AFF	9/1	183
× 7	1	774 PHISICIAN'S NAME (TIMO	moits	•	70	220 ADDRESS		OAKWOOD RO		TTE 200	0 -
with the Stot		DAVID A. SCH	WART7 M	D		1000					
with the	23a	BURIAL, CREMATION, REMOVAL	123b. DATE		NAME OF C	EMETERY OR CE		PURNTE MAI	KILAN	1 / 1001	
		(SPECIFY)					THE PART	CITY OF TOWN		COUNTY	STATE
		Cremation UNERAL DIRECTOR	19-7-82	W	estvi	w Park	250. DATE	Baltimo	RISK REGI	STRAR'S SIGNAT	URE .
A 4/B2 4)	-	NAME	۸	ADDRESS	Ma	21/.01	SEP	71982	fo a	mot la	nely
7/		T.A. Hardesty	Ar.	napolis	MG.	21401			Ч		

STATE OF MARYLAND

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injury, or other troumotic event, the

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EPARTMENT	OF	HEAL	TH	AND	MENT	A

DEPARTMEN	T OF H	EALTH	AND	MENTAL	HYGIENE
C	ERTIF	ICATI	OF	DEATH	

STATE REGISTRA	R		011 A	CERTIF	ICATE OF DEATH	outre O	REG. NO.	lia i	4 0	7 4
DECEASED NA	ME FIRST	- 100	MIDDLE		LAST	2a. DATE OF	DEATH MONTH	DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	Arthu	r	P.	B	rown Jr.		9	20	82	500 AM
. SEX		4 RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
Male		Whi	te	Oct	-1	56	v	RS.	S DAYS	HOURS MIN.
BIRTHPLACE	STATE OF FOREIGN		F WHAT COUNTR	2Y? 8.	D X NEVER MARRIED		E CITY OR COU		EATH	
Marvl.	and	II.S	Δ	WIDOWE		Anne	Arund	e7 C	0.	AAD
O. CITY OR TOW				SING HOME	OR OTHER INSTITUTION	120 USUAL C	CCUPATION	12	b. KIND OF	F BUSINESS OR
Linthi	CIIM	41 9 N	uch facility, give str Hammond		rv Rd.	Cost	Analys		Nav	rr Dont
SUAL RESIDEN	CE (IF NURSING HOME OF	OTHER INSTITUTIO	N, GIVE RESIDENCE BE	FORE ADMISSION)			7119-00	0		
Md.	13b COUN		Linthi	_	13d. INSIDE CITY LIMITS?	13e STREET A		a - 15		
FATHER'S NA	A.A		PIUCUI	Culli	15. MOTHER'S MAIDEN NA		Hammon	us r	erry	Ru.
FIRST		MIDDLE	LAST		FIRST		WIDDLE		LAST	
Arthur	SED EVER IN U.S. AR	P.		n Sr.	Agnes 17 INFORMANT		ADDRESS	-	Hirs	sch
(YES, NO OR UNE	(NOWN) (# YES, GIV	E WAR OR DATES				,			,	BUSINESS OR V Dept 1090) Rd.
Yes	WW	11	215-22	<u>-9696</u>	Gloria Br	own (s	same as	<u>13e</u>		
18 CAUSE	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY:						-	APPROXIMATE INTERVAL BETWEEN ONSPT AND DEATH		
1 /		TE CAUSE (0)_	Ken	scala	- raideles	,			100	Te.
16	29	DUE TO,	OR AS A CONSEC	QUENCE OF	, /.				2	
	s, if ony, which	((b)	Kei	eurla	1 Careen	ma	-121		1	no.
	e to immediate	DUETO	OR AS A CONSE	DUENCE OF	8				,	
underlying	g cause last	(6)		/	aloreme;				/>	YR.
PART 2 OT	THER SIGNIFICANT (ONDITIONS	CONTRIBUTING	O DE ATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION	GIVENIN	PART 1(o	,
NO DATE C	OF OPERATION	19b. CON	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTO			RE FINDIN	
Ĕ						YES [NO[]	ERTIFYING YES 🗀	CAUSES	
216. ACCIDE	NT WAS UNDERLYING	21b. TIME	OF INJURY		21c. HOW INJURY OCCUR				OR PART 2	
OR CONTROLS	UTING CAUSE OF DEA	ATH	A.M. MONTH							
9	NOTIFY MEDICAL EXAMINER Y OCCURRED	_	P.M. E OF INJURY	19	21f LOCATION					
WHILE C	NOT WHILE		STREET, FACTORY, OFFI	CE, FARM, ETC)	STREET		CITY OR TOWN	C	OUNIY	STATE
AT WORK	AT WORK		,		1/ 5		0/22		73	
	y that (1) (this haspi	0	Me deceased from	m	19 6/	, to	7/20	, 19		that (1) (we) lost
obove	he dereased alive on , (I) (we) did (did no	t) view the boo	dy after death.		nd that in (my) (our) opinion	deoth accurred	on the date and			
22b. SIGNA	TURE		1/20	12	DEGREE	uépic : :	CTAFF		22c DATE	BIGNED
	0/1/1	11/11	13 Va Vin	01	ATTENDING	MEDICAL	STAFF	,	9/2	an 100

IMPORTANT: If them 21 is morked or them 18 shows ony

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 23/82

22e ADDRESS

COUNTY STATE

23d. LOCATION CITY OR TOWN 23c. NAME OF CEMETERY OR CREMATORY

Cemetery Crownsville
256. DATE REC'D. BY REGISTRAR'S SIGNATURE

Gonce, G. J.

Balto., Md. 21225 4001 Ritchie Hgwy.

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cry Jeowniville	faced .m.	av. ver	A82	2/23	J.ŠTU
					.U. Ponou

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 haurs after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 shaws any

etained by the haspital

(VRA 15, 4)

STATE OF MARYLAND

	1 - STATE REGISTRAR	DEPARTN		CATE OF DEATH	REG. NO	Com O.	600	
	I. DECEASED NAME FIRST	(NMN)	BROW	N .	SEPTEMBER	13 19	982	1028 a _M
-	MALE	NEGRO	5. DATE O	F BIRTH CH 08 1955	6. AGE (IN YEARS LAST BIRT		MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
	SYLACAGA AL	USA	WIDOWE		9 BALTIMORE CITY OF ANNE ARUND			MD
	FORT MEADE	BROUGH ARMY			US ARM Sp		126 KIND O INDUSTRY	U.S. Arm
1	WASHINGTON DO COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13 CHTY OR TOWN WASHINGTO	V 1	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 1608 28TH P	LACE	SOUTHE	AST
1	ARTHUR .	MIDDLE LAST BROWN		15 MOTHER'S MAIDEN NA/ HELEN	WE		BLEDSO	
7		ve Duty 419-78-4		JOSEPHINE BR	1608 ^{DR} 2 ROWN WASHIN		PLACE SE DC	3
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost	Marc s a Tra Ar A	pci of Serv	20 0.	Lyndrome itis 2º to Al		24 h	MATE INTERVAL ONSET AND DEATH OWN
7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D		ACK SERVED	200 AUTOPSY? YES X NO	20b. IF YES	VEN IN PART TO S, WERE FINDIN FYING CAUSES	₹GS USED
	OR CONTRIBUTING CAUSE OF DEATH	P.M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 I	PART 1 OR PART 2)	
	AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		21f LOCATION STREET	CITY OR TOW	VH.	COUNTY	STATE
	220.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not)	13 SEPTEMBER 8	2	TEMBER , 19 82 I that in (my) (our) opinion o	, 10	EMBEI te and hou	17	that (1) (we) last couses stated
	22h SIGNATURE			FORE	-		22. DATE	CICNED

ATTENDING PHYSICIAN MEDICAL

22c. DATE SIGNED SEP 82

230. BURIAL, CREMATION, REMOVAL

Chambers Funeral Home

224 PHYSICIAN'S NAME (TYPE OR PRINT) SHAILESH KADAKIA, CPT, MEDICAL CORP

23b. DATE

22e ADDRESS KIMBROUGH

23c. NAME OF CEMETERY OR CREMATORY

BP	Burial
LIANLE 14 FORM 1 (D)	24 FUNERAL DIRE

Sept/18/82 CTOR

ADDRESS Riverdale, Maryland

23d LOCATION
CITY OF TOWN
Y Talladega County Harper Spring Cemetery



SUPTEMBER 13 1982 - 1028				orbond.
10.00	MACH OF TURE			MAN.
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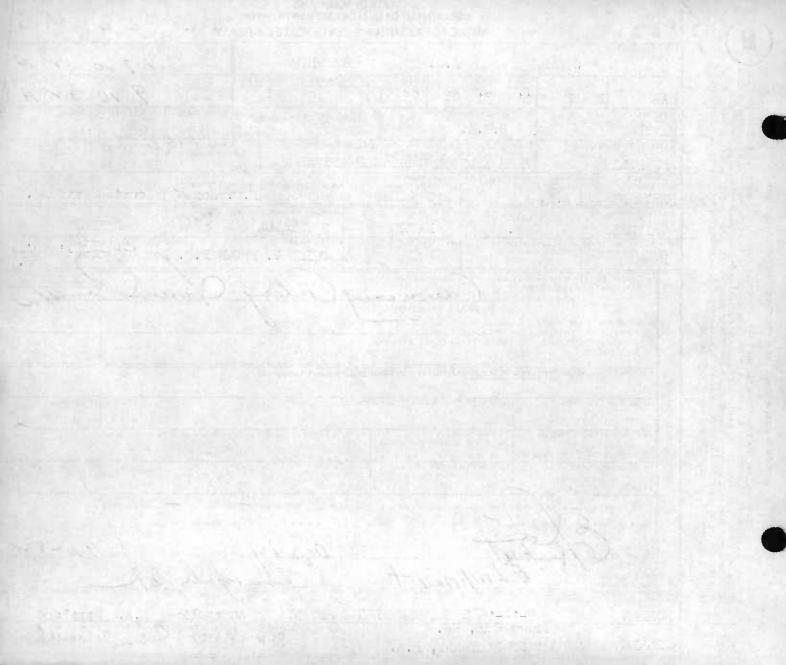
Market Committee on the second

BP_____ DHMH - 16 50M 1 (VRA 15, 4)

- STATE REGISTRAR		ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	2 2	3 4
1. DECEASED NAME TYPE OF PRINT 1. SEX	AS PACE HOLE	BIOCO S. DATE OF BIRTH	20 DATE OF DEATH	9-8-8	
TE BIRTHPLACE LITE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	YRS.	101
MARYLAND NE CITY OF TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	120. USUAL OCCUPAT	HUX	14
ANNAPOLIS		NERAL HOSPITAL	(TYPE OF WORK FOR MOST C		D OF BUSINE RY
13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE A	OMISSION) 13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	Jours	Lar
14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE		IASI
ELIJAH	BROWN	MÄRY			"BROWN
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 1166 SOCIAL SECURI	MAZIE BROWN	51 E. Joyce		l, Md.
Qave rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TER	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED
<u>u</u>					
210. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	YES	NO [
00.000 (20.000)	HOUR A.M. MONTH DAY	YEAR			NO [
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY	YEAR 19 211 LOCATION		RY IN ITEM 18 PART 1 OR PART :	NO [
OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WMILE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the deceased alive a above, (1) (1) (1) (chidridia in the company) (chidridia in the compan	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	YEAR 19 211 LOCATION STREET 19 20 , and that in (my) (dec) opinion	CITY OR TO	wn COUNTY , 19	NO [2]
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OR CONTRIBUTING CAUSE OF DID (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE AT WORK 22a.1 certify that (1) (this hasp sow the deceased alive a abave, (1) (we) lebiditation 22b. SIGNATURE	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR Dital) attended the deceosed from all view the body after death.	YEAR 19 211 LOCATION STREET 19 20 , and that in (my) (dec) opinion DEGREE ATTENDING	CITY OR TO	wn COUNTY The ond hour and from the state of the state o	NO [2]
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STE	3 SEX		BLACK	S. DATE OF BIRTH	06	6. AGE (IN YEAR LAST BIRTHDAY 75 YRS	MONTH		IF UNDER		C. DATE RONOUNG DE AD	CED	9	10	82	A M
x 2 <	7a 81	RTHPLACE (S		76 CITIZEN OF WHA	AT COUN			D KKNE	VER MARRI	FD 7		ORE CITY	OR COU	NTY OF D	DEATH	
a S	MA	RYLAND		U.S.A.			WIDOW		DIVORCE		ANN	E AR	UN DET	L COU	NTY	MD.
33		NAPOLIS		11. NAME OF HOSP (IF NOT IN SUCH FACE ANNE ARUN	LITY, GIVE S	RSING HOME, TREET ADDRESS) GENERAL					OST OF WORK		TYPE OF WOR		ND OF BUI	
25	13a. S1		13b. COUL		13c. CITY	OR TOWN		13d. INSIDE CI	ITY LIMITS?	13e. STREE	TADDRES	433	Count	tee W	Varf 1	Rd.
		THER'S NAME						15. MOTHE	R'S MAIDE	N NAME						
21	1	RICHARI		MIDDLE W.		BROWN	31-2	E	STELL/	1	MIL	DDIE	ŀ	HENDE	RSON	
	16a. W	AS DECEASE S, NO, OR UNKNO	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	16b. SO	CIAL SECURITY	NO.	LOUIS		BROW	N P.C	ADDRE:	LOP	gewat Cou	ter, ntee	Md. Warf
)	MEDICAL CERTIFICATION		GNIFICANT CONDITION	(c) (CONTRIBUTING TO DEATH BE		ATED TO THE TERMIN				łī 1 (a).				20. A	AUTOPSY?	
	TIFIC				810						200		1,40	,	YES 🔲	NO
1	AL CER	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF			DAY YEAR	21c. HC	W INJURY	OCCURRE	D (ENTER NA	ATURE OF INJU	URY IN ITEM	18 PART 1 OR	(PART 2)		
	MEDIC	21d INJURY	-	21e. PLACE O STREET, FACTO		(AT HOME,		CATION			CITY OR TOW	VN		COUNTY		STATE
BALLMOKE, MARTLAND, ZIZOI PRIOR O BORIAL,	72, 60	depth result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	ty that I took cho	That E. Livh	Accident		M.	Hamid TITLE (S D. De	Duf Jan	Undefer AMEDIC	Inquiry rmined mo	nner	and in my DAT SIG		10 -	82
Q 00	(5	PECIFY)	TION, KEMOVAL	9-14-1982		EWER HI		EMETE		CITY O	apol	is	A.A.	оинту Мал	st rvl.an	ATE .
	-	JNERAL DIREC	TOR	nnapolis,	Md.	-11			25a. DATE F	REC'D. BY	REGISTRAI	-	GISTRAR'		URE	1
	WI	LLIAM	REESE &	SONS MORTU	ARY,	P.A.			SEF	16	1982	10	un	of u	mer	



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9	× ×	1.	FOR STATE		HEALTH AND MENTAL HYG	IENE 8 2	2 2 3 4 6
of	Y		REGISTRAR	CERT	IFICATE OF DEATH	REG. NO).
1			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
	p p		OR PRINT) PRANC	is X Due	BARAR	9	168V H M
1	moy er do	3. SE	X 1.1 4. R	RACE S. DATE	OF BIRTH	& AGE LIN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	Page 4 moy	100	MALE	WHITE	7-10-20	62	YRS.
	a 16.0		RTHPLACE ISTATE OR FOREIGN 76. (CITIZEN OF WHAT COUNTRY?	IED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
	death.		MD.	USH WIDOV		H. H	RUNDEL MD.
	y with	10,C	TY OR TOWN OF DEATH	NAME OF HOSPITAL NURSING HOME	ON OTHER INSTITUTION	120. USUAL OCCUBATION	ON 125 KIND OF BUSINESS OR WORKING LIFE) INDUSTRY
-	0 > 0	H	UWA polis It	T. H. YEW HOS	pt	DISPATCH	TER LONCESTE CO.
212	24 hours ilted in by ould be fil	13a. S	AL RESIDENCE (IF NURSING HOME OR OTHE STATE 13b. COUNTY	ER HISTITUTION, GUE RESERVCE BRORE ADMISSION	1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	1. 10-1 721400
N ON	- 40		M.D. H	- HUNAPOLIS	YES NO	1120 11	NE CRESI DR3
RYL.	within letely d 2 sho	14. F/	THER'S NAME	1 2 16 /	15. MOTHER'S MAIDEN NAM	MIDDLE	Ma Wass.
WA		2	DMUND F	1. DUCHAWAN	VIRGINI	A	MAKIN
W. PRESTON ST., BALTIMORE, MARYLAND 21201	dic ges		VAS DECEASED EVER IN U.S. ARMED (EŞ, NO,QR UNKNOWN) (IF YEŞ, GIVE WAF		17 INFORMANT	ADDRE	65 / 4/12
IIW	o _ a E /		YES Wh	12 213-12-080	WORINE	DUCHA	WAN HIS
BAL	0 0 6 - 4		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY	ne cause per line far (a), (b), and (c).)	7		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	00000		IMMEDIATE C	111116	aucly		Chikuncury
N O	inding corbor		1627	DUE TO, OR AS A CONSEQUENCE OF			
REST	the death the ottendi		Conditions, if any, which gove rise to immediate	(b)			
×.	of the deof y the often se remove c cremation, ther troum		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
301	the sid b			(c)			
05, 3	requires an signe Then pl in to buri	z	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	INAL DISEASE OR COND	PITION GIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS,		CERTIFICATION	19g. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
8	9 6 9 9 8	띪	-			YES TO NOW	IN CERTIFYING CAUSES OF DEATH?
I Y	t is a sign of	ER	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURR		
) r	PHYSICIAN, The ending physicion this certificate the buriol-transit of Mental Hygies dor tem 18 she		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEA	R		
NO	HYSIC Inding his cer buric A Men or Ite	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY	21f. LOCATION		
VISI	NG PHY offer this as the but the and M orked or	¥	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY STATE
5	A A OFF		22a I certify that (I) (this haspital)	attended the/deceased from	119 1070	10 91	16_ 19 8 2_, that (1) (ma) last
	OR ATTEN Le hospitol DIRECTOR: sched for us Dept. of He frem 21 is		sow the deceased alive on	9/16 1982	ond that in (my) (eur) apinion c	death occurred on the do	ite and hour and from the causes stated
	OR ATTER he hospito DIRECTOI coched for 5 Dept. of H If Item 21 ii		obave, (I) (we) (did) (did not) vii 22b. SIGNATURE	the body after death.	DEGREE		27c DATE SIGNED
			1/ LALles	· Kierra	ATTENDING PHYSICIAN IN	MEDICAL STAF	9/17/A
	HOSPITAL med by the FUNERAL vide be detrophed to the State ORTANT:		22d. PHYSICIAN'S NAME (TYPE OF PRIN	NT)	22e ADDRESS		111111
	TO HOSPITAL OR A etained by the hos TO FUNERAL DIRECTOR Should be detached with the State Dept.		Richard I. H	lochman, MD	16 Murray	Ave. Anna	polis, MD 21401
	To a show the state of the stat	230-6	BURJAL, CREMATION, REMOVAL	BEDATE 231 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	11
		10	SURIAL 6	7/20/82 MAPH	AND MAM	150% 1	COUNTY
DI	HMH-16 60M 1/73	24	NERAL DIRECTOR	11/0/1/ 2000001		REC'D. BY REGISTRAR	25b NEGISTRAR'S SIGNATURE
	(VR A 15 (4))	116	AVLOR TUNER	DI CHAPEL FIL	JWA POWS SE	P 2 0 1987	John I Court
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20M 4/B2

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16000 Asmanolisate, Coults, Mar.

Brinsfield Funeral Home, Leonard town, Maryland

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

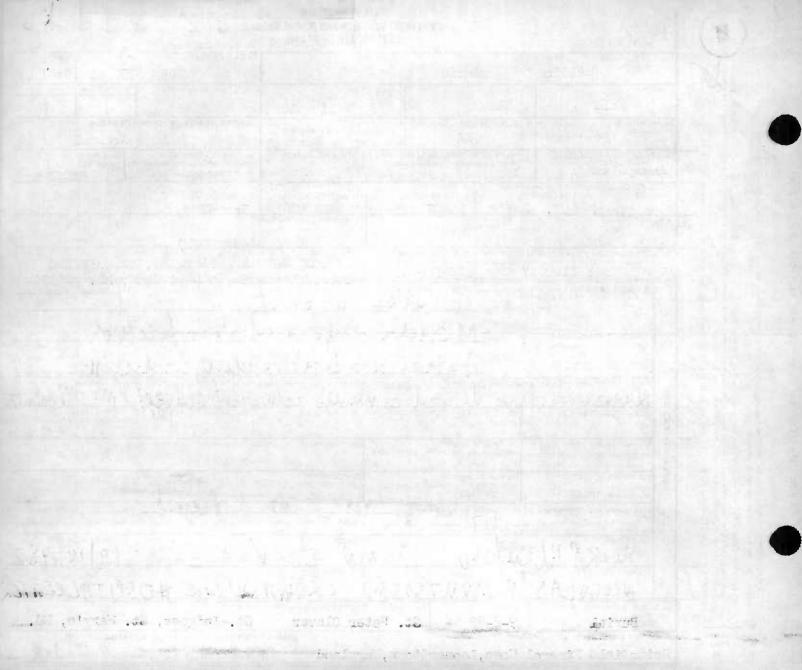
- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

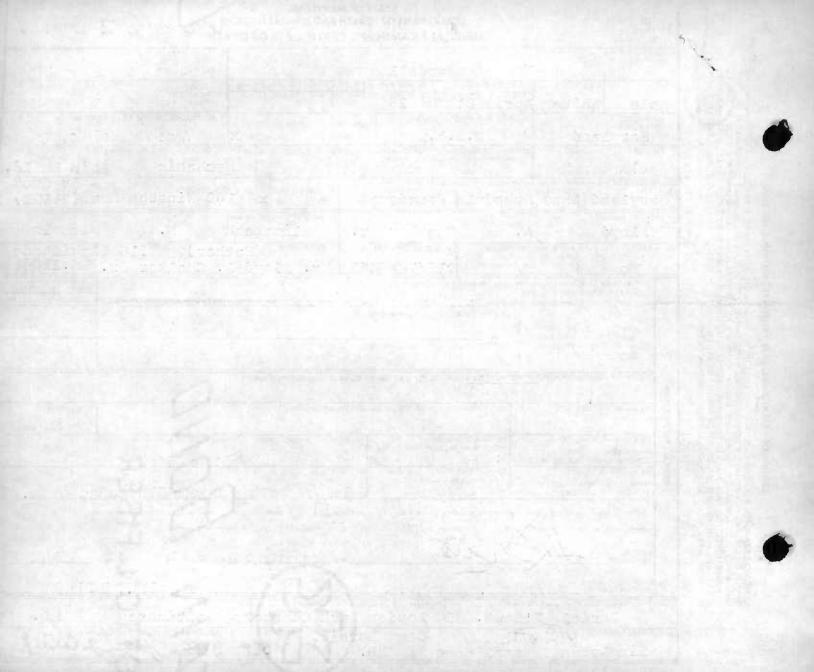
STATE



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO MIDDLE DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-Jonathan Randall Chalker DEATH MATED 82 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED April 21,56 White 26 yes 19 82 3:30A Male DEAD 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland Anne Arundel County DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRIM D or in such Facility, Give Street address)

North Arundel Hospital FOR MOST OF WORKING LIFE)
Mechanic Glen Burnie Ship Build. SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONAL & Drydock 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS VES INSTON Road(21122) Anne Arundel Pasadena Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Elizabeth Lloyd Nichols Chalker Jr. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRES 918 Blakistone 16b. SOCIAL SECURITY NO. (Father) 1 (IF YES, GIVE WAR OR DATES) Mr. Lloyd A. Chalker Jr. Rd.21061 215/74/6463 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED / 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARKLAND, 21201 PRIOR TO BURIAL, YES XX NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR 2:16 8x CONTRIBUTING CAUSE OF DEATH 19 82 driver in auto/auto collision 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE Balto/AnnapolisBlvd Near GlenwoodDr. AT WORK roadway AA Co. ME Autopsy Y 22a. I certify that I taak charge of the remains described above, held on Inspection , Inquiry death resulted from: Suicide | Hamicide . Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 9/3/82 SIGNATURE EXAMINER'S NAME Hormez R. Guard.M.D. ADDRESS 111 Penn Street Balto MD 21201 (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE MD. 7'Sept. 82 Loudon Park Cemetery Baltimore Buria1 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 RESISTRAR'S SIGNATURE Glen Burnie, **DHMH - 17** Singleton Funeral Home MD. (VR A15 ME (5))

20M 4/B2



1	2	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2	2	2 3	5 0
Sge 3 death			CEASED NAME FIRST	Cofiel	MIDDLE	C	FLASE	20 DATE OF DEATH	Q-7	VEAR VEAR	26. HOUR SOLUA
ector, po		MA		RACE BLACK		S. DATE	OF BIRTH 28 1 920	6. AGE (IN YEARS LAST E	YRS	FUNDER TYEAR	HOURS MIN.
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	1	U	AL RESIDENCE OF DEATH	ANNE	CH FACILITY, GIVE STREET	ADDRESS)	L HOSPITAL	128 USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR
y filled should be	35	13a. MA	RYLAND A.A	ONIX	13t. CITY OR TOW ANNAPOL	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 520 Fifth		,	
1 and 2	020		JOSEPH	WIDDLE	CHASE		GERTRUDE	WIDDIE		LOWAY	.ST
or and in	/ medico			GIVE WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	CATHERINE CH	ADD ASE 520 Fi	fth St.		polis. Md
red by the attending physical places remove carbon paper	, ar other troumatic event.		CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate court (o), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	SED BY ATE CAUSE (a) DUE TO, (b) DUE TO, (c)	DR AS A CONSEQUE	ENCE OF	rtic Reco	tal Car	axion	2 4	MATE INTERNAL ONSE AND DEATH ONSE AND DEATH
hos been sign	funda fun me	TIFICATION	1% DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDI	
certificate priolitional	19	MEDICAL CERT	21a, ACCEDENT WAS UNDESCRING ON CONTRIBUTING ☐ CAUSE OF UF BITHER HOLLY MEDICAL EXAMP	HEN P	.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	IURY IN ITEM TB PAI	RT 1 OR PART 2}	
Afrer that e or the b	norkedor	MED	MHIE HOEWHIE D	(AT HOME, SI	OF INJURY REET, FACTORY, OFFICE, F.	6	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
RECTOR.	pm2] iii		27c I certify that II this had saw the deceased and above II were ideal and 122h SIGNATURE	in the bad	19_8	77 -1	nd that in my (our) apinian	death accurred an the	date and haur		that (I) we) last causes stated
ERAL Di	- ANT		27d PHYSICIAN'S NAME (***	W CE	leu	/	ATTENIDINGS	MEDICAL STA	AFF ICIAN []	9/	20/82
O FUR	PORT		E.W	COLE	-		121 CATI	tEDRAL.	STA	NNA	POLIS MO

DHMH - 16 50M 1/81 (VRA 15, 4)

9-24-1982 Annapolis, Md. 24 FUNERAL DIRECTOR Annapolis, Md. ADDRESS WILLIAM REESE & SONS MORTUARY, PA

236. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

Waster Cale and Cale State of the Cale of and the thing CONTRACTOR ASSESSMENT OF THE PROPERTY OF AND AND MARKET OF COMPANY OF THE PARKET OF THE PARKET OF THE PARKET. Merce it Carrows Server C +3 20/2 -28 12/3 23 2 Hast 140 -The first in the state of the s

	1	FOR - STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	GIENE 8 2	2 2 3 5 1
9 (1)		CEASED NAME	Nia	Christo	20. DATE OF DEATH MONTH	8 82 12:20 PM
Poge 4 moy	3 S	FEMALE	White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
deoth. P.	L	IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEA	4
urs ofter n by the filed with	1	NNAPOLIS, MD.	Anne Arun	del General	120 USUAL OCCUPATION (TYPOF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY THE TRESTAU FOR THE
y filled in should be	130.	ARYLAND ANUS	OR OTHER INSTITUTION GIVE RESIDENCE BEF UNITY 13c. CITY OR TO E ARUNDEL ANNA	POLIS YES NO	130 STREET ADDRESS 310 TAYLOR AV	ENUE
omplete omplete ond 2		ATHER'S NAME FIRST COCCE		15 MOTHER'S MAIDEN NA	MIDDLE	Zarafonites
be execu			RMED FORCES? 166. SOCIAL SE SIVE WAR OR DATES) 215-30	1	risto Anna	5 Norman Dr. Apt polis MI) 2140
g physicia on papers: remaval.		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), SED BY: ATE CAUSE (o)	Elbert de	with.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death contending of tending of te		Conditions, if any, which	DUE TO, OR AS A CONSECUTION (b)	Esteral Ou	ebeel des-	Juncion
that the		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AST CONSEC	LO pulmenay	aus /	
equires n signe Then p to bur njury,	NOIT	Ny	CONDITIONS CONTRIBUTING T	DEATH BUT NOT RELATED TO THE TEN	MINAL DISEASE OR CONDITION OF	
The law racion. Te has been sait permit. Shows any i	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS RETERRIED	YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{D} \)
HYSICIAN: T nding physici nis certificate buriot-transi Mental Hygi or Item 18 sh	MEDICAL CE	? TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	IS PART : OR PART 2)
DING PHY or attending After this is os the bu olth and M marked or	MED	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	abul a	CITY OR TOWN	COUNTY STATE
TTEN pital TOR: for us of He 21 is		saw therefore translattive of	pital) attended the deceased from		deoth occurred on the date and i	, 19 that (I) (ive) lost nour and from the causes stated
SPITAL OR AT d by the hosp NERAL DIREC be detached the Stote Dept. or TANT: If Hem 3		Lurge	Clound	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22C. DATE SIGNED 918/82
TO HOSPITAL retoined by the TO FUNERAL should be detined to the With the Stote IMPORTANT:		georg &	SAMARA	270 ADDRESS 205 R	edgely Du	e ANNA. MI
BP	230	BURIAL CREMATION, REMOVA	Sest, 10,1982 3	NAME OF CEMETERY OR CREMATORY	PANGPOLIS	A.N. M.
DHMH - 16 50M 1/B1 (VRA 15, 4)	-	UNERAL DIRECTOR	100	250 DA	TE REC'D. BY REGISTRAR NO REG	ISTRAR'S GIGALTURE

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Nome GlenBurnie Md

- STATE

(VRA 15, 4)

Singleton

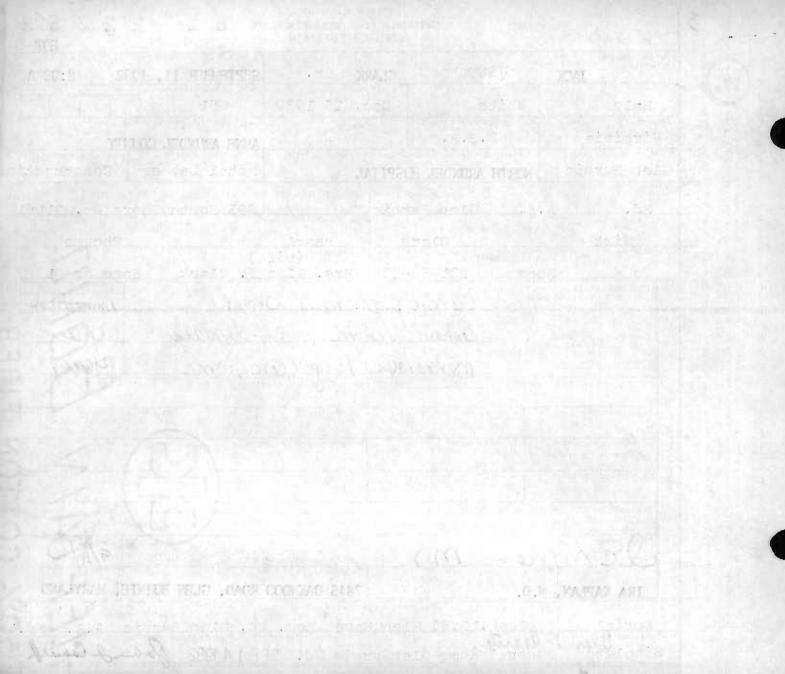
Funeral

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



1	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	2 2 3	5 3
	PECEASED NAME FIRST YPE OR PRINT] Jasper	O-Dell	COE	Sept.	4, 1982	26 HOUR
3. 5	male	white	Jan. Date of Birth	6 AGE IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR MONTHS DATS	IF UNDER 24 HRS
	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? USA	MARRIED XXEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OF	COUNTY OF DEATH	м
961	city or town of DEATH Len Burnie	North Aru		Driver	WORKING LIFE) 12b. KIND OF	F BUSINESS OF King
130	MD 136. AA	OTHER INSTITUTION GIVE RESIDENCE BEFORE GLEN BU		130 TEL 40 Mai	nning Rd.(21 061)
20	Sam FIRST	Coe	15 MOTHER'S MAIDEN NA Martha	MIDDLE	Nich	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 238/30/		lotte L. (coe (wife)	13
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE	NCE OF	ainal disease or cond	DITION GIVEN IN PART To	
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	GS USED OF DEATH?
MEDICAL CES	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED NOT WHILE AT WORK	HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJURY		STATE
	22a I certify that (I) (this hospi	tal) attended the deceased from 08/31 19 19	5/31 19 82 82 ond that in (my) (our) apinian DEGREE	deoth occurred on the date of	te and hour and fram the c	SIGNED
7	22d PHYSICIAN'S NAME UPE O		22e ADDRESS	t - traite in		C+ 21
TAN TO STATE OF THE STATE OF TH		n, M.D, F.A.C.S.	Univ. of Md. VAME OF CEMETERY OF CREMATORY Crownsville Ve	-		MD

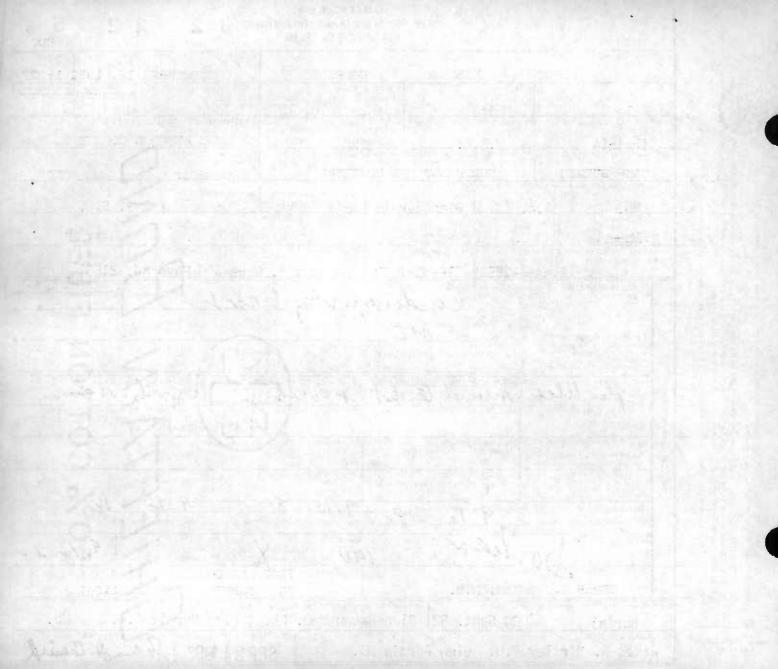
DHMH - 16 50M 1/B1 (VRA 15, 4)

Singleton Funeral Home, Glen Burnie, MD

SEP 8 1982 Langue Langue Comment

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(VRA 15, 4)



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3. 5	SEX	4. RACE	5. DA	ATE OF BIRTH	6. AGE (IN Y	EARS IF UN			c. DATE	нтиом	DAY YEAR	2d. HC
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10.	CITY	OR TOWN OF DEATH	11. N	FNOT IN SUCH FAC	ITAL, NURSING HOM		ER INSTITUTION	12a. USUA	AL OCCUPATION	TYPE OF WORK	OR INDUST	ISINESS RY
11S	10	RESIDENCE (IF IN NURSING I	1	NNG,	GLUNDE	1. ge	NEKSY	- Acti	vity D:	irecto	or	301
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160	. WA	ennie	S. ARMED F	ORCES?	16b. SOCIAL SECURI	TY NO.	17. INFORMANT		ADD	RESS	61 9011	
	no		S, GIVE WAR OR	DATES)	216-30-	6041	Samuel	Creek	-Church	hton.	Md.207	33
		gave rise to imme cause (a) stating the <u>u</u> lying cause last. ART 2 OTHER SIGNIFICANT COND	nder-	(c)	AS A CONSEQUENCE		OR CONDITION GIVEN IN	PART 1 (a).				
CERTIFICATION	1	90. DATE OF OPERATION		19b. CONDITI	ON FOR WHICH OPE	RATION W.	AS PERFORMED?			G _A	20. AUTOPSY	?
9 5											YES 🗆	NOD
OE C	2	10. EXTERNAL CAUSE WANDERLYING OR ONTRIBUTING CAUSE			MONTH DAY YEA	IR 21c. HC	W INJURY OCCUR	RED LENTER NA	TURE OF INJURY IN ITE	EM 18 PART 1 OR F		
1		CHOST CHOST	. OI DEATH	P.M.	19	- 1						
EDICAL	2	d. INJURY OCCURRED			FINJURY (AT HOME,		CATION		7.17			
MEDICAL	2 >	Id. INJURY OCCURRED VHILE NOT WHILI AT WORK AT WORK					CATION		CITY OR TOWN	C	OUNTY	STAT
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Tedusatin Action - The State of Normal (-) enon 1 -x2 wend (-) time! 215-38-6841 Amusel Greak-Courchon, Ac. 20733 Surjet Common Church DEBUT R. BERGY Munichmosm, and Rudge

FOR STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

To. BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

SUAL RESIDENCE (IF NURSING HON 130. STATE 136 CO MARYLAND

160. WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN)

19a. DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

(IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED

174 PHYSICIAN'S NAME

230. BURIAL, CREMATION, REMOVE BURIAL

22b. SIGNATURE

4 FATHER'S NAME FIRST NATHANIEL

CERTIFICATION

MEDICAL

3. SEX

FOR STATE REGISTRAR		DEPARTN	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	2	2	2 3	5 7
EASED NAME EIRST	a	MIDDLE	CA	Rowner	20. DATE OF DEATH	9-14	Y-82 2h	308.02 A M
F	4 RACE	3	5 DATE O	5-02-01	6 AGE (IN YEARS LAST			OURS MIN.
ARYLAN D	U.S.		WIDOW		PALTIMORE CIT	_	OF DEATH	MD.
NAPOLIS	A NUE	ARUNDEL (ADRESS)	cal Hospital	12a USUAL OCCUP (TYPE OF WORK FOR MO		12b. KIND OF B INDUSTRY	USINESS OR
RESIDENCE (IF NURSING HOME OR ATE 136 COUN A.A.	TY	GALESVI	ADMISSION)	13d INSIDE CITY LIMITS? YES NO	958 Benni	ng Road		
HER'S NAME NATHANIEL	VIDDIE	HARRIS		15 MOTHER'S MAIDEN NAMED IN ANNIE	ME		HARRIS'	
AS DECEASED EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	220 30-	7352	NORMAN WHIT		gers Rd.	Churchi	ton, Md.
Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	NCE OF	of Liver		ondition given	6 170	t t
a. Date of operation	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS NG CAUSES OF	
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF II	NJURY IN ITEM 18 PAR	T I OR PART 2)	
Id INJURY OCCURRED WHILE NOT WHILE I WORK	21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
20.1 certify that (1) (this become sow the deceased alive on above, (1) (months of did not 22b. SIGNATURE	view the body	3 19 19		19 76 Indicate that in (my) (and opinion of opinion of opinion of opinion of opinion of opinion of opinion op	, to, to	date and haur o	and from the cau	ses stated
RIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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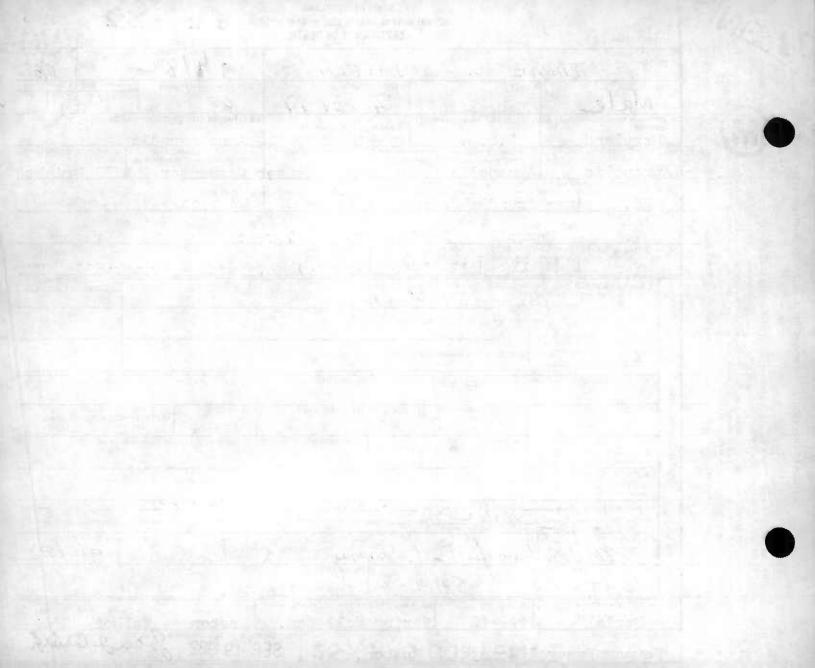
9-18-1982 EBENEZER CHURCH CEME. Galesville A.A. Maryland Color Annapolis, Md.

REESE & SONS MORTUARY, P.A.

250. Date RECD. BY REGISTRAR 256. STRAR'S SIGNATURE COLOR. SEP 16 1982

THE TANK OF THE PARTY Martin S. Martin St. P. St. P.

8		1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL	HYGIENE 8 2 REG. N	22358
1	m <u>s</u>	I. DE	CEASED NAME FIRST	PAS C.	DA	FFEN Jr	20. DATE OF DEATH	WONTH DAY YEAR 26 HOUR
se 4 ma	tor, pag after deat once.	3. SE	Male	Caucasian	5 DATE (6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
N. H	35		RTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COUN	TRY?	D NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF DEATH
-41			Maryland	U.S.A.	WIDOWI			
- S				(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY
2120 hou	in by friled	USU	nnapolis AL RESIDENCE (IF NURSING HOME OR		BEFORE ADMISSION)			er & Mill Wright
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 UDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician.	filled and be	130.	Md. Anne		SUD	134 INSIDE CITY LIMIT YES 🙀 NO 🗌		age Street
A with	2 sho	14. F/	THER'S NAME FIRST M	IDDLE LAST		15 MOTHER'S MAIDEN		LAST
, MAR	comple and 2				ffin,		orence	Gregory
MORE be exe	ages 1 the m		T 77 7	WAR OR DATES)	SECURITY NO	17 INFORMANT	ADDR	ESS
ALTIM cate b	E 0 .		Yes WW			Patricia	A. Kvech	Crownsville, Md
. BA	ending physicia carbon papers. I on, or removal. traumatic event		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		Pard.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The ce	bon por rel		5789 IMMEDIATE			7		
STO dea	ttence car tion, r trat		Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF			
at th	the att emove rematic other		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	FOLIENCE OF			
es th	d by sase re iaf, cr y, or		underlying couse lost.	(c)				
S, 2C	signed ben please to burial,	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
law r	Th Tor	TIO	I a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	AL WAS DEDECORATED	20a AUTOPSY?	20h. IF YES, WERE FINDINGS USED
The	te has bermit.	CERTIFICATION	THE DATE OF OPERATION	178 CONDITION FOR W	HICH OFERATIO	IN WAS FERFORMED		IN CERT IFYING CAUSES OF DEATH?
ON OF VITAL PHYSICIAN: ng physician.	is certificate ial-transit pe ental Hygiei or Item 184	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	_	21c HOW INJURY OC	CURRED JENTER NATURE OF INJU	
OF V YSIC hysic	this certificat urial-transit p Mental Hygid d or Item 18		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR			
DIVISION OF VIT, NDING PHYSICIAI attending physician	255	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	V	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
DIVISIA ENDING or attendii	After the street the burnth and N	5	WHILE NOT WHILE AT WORK	(A) THOME, STREET, PACTORY, OF	Proc, ranm, cre.			
Z F	ron use a Heal Heal		220 I certify that (I) (this haspite	statended the deceased for	- /	82 19		8 7 19 , that (I) (me) los
AAT	DIRECTOR hed for use a Dept. of Hea If Item 21 is		sow the deceased alive on abave, (I) (see) (did) (did not				nion death occurred on the d	ote and hour and from the causes stated
AL OR AT	AL DIR stached ite Oepi IT: If It		for work	hum In D	F. Se	DEGREE ATTENDIN PHYSICIA	MEDICAL STA	
	be de Cra		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		11. APTIRESS		
	should be detach with the State O		WATKIN.	SHI	PLEY	Annapol	is. Md.	
TO	F 6 3 2	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATO		COUNTY STATE
BF			Burial	9-9-82	Spring	Hill Cem		Talbot Md
	HMH-16 25M		INERAL DIRECTOR	ADDRE:	_	20.0	SEP 9 1982	25h REGISTRAR'S SIGNAPRE
(V	RA 15, 4) 1/79		Newnam Funera	1 Home	Easto	n, Md.	OLI SIJUL	

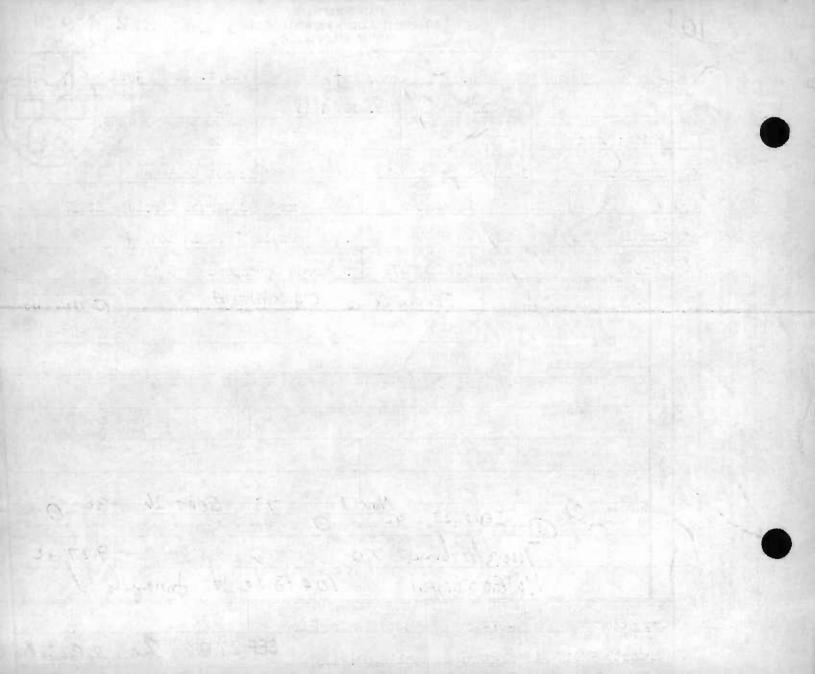


DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME EIRST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH ARUNGEL ANNE 126. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE 13e STREET ADDRESS MADISON COURT APPROXIMATE INTERVA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN

17 = 3 - 4 - 4 - 4 BALTIMORE, MARYLAND 21201

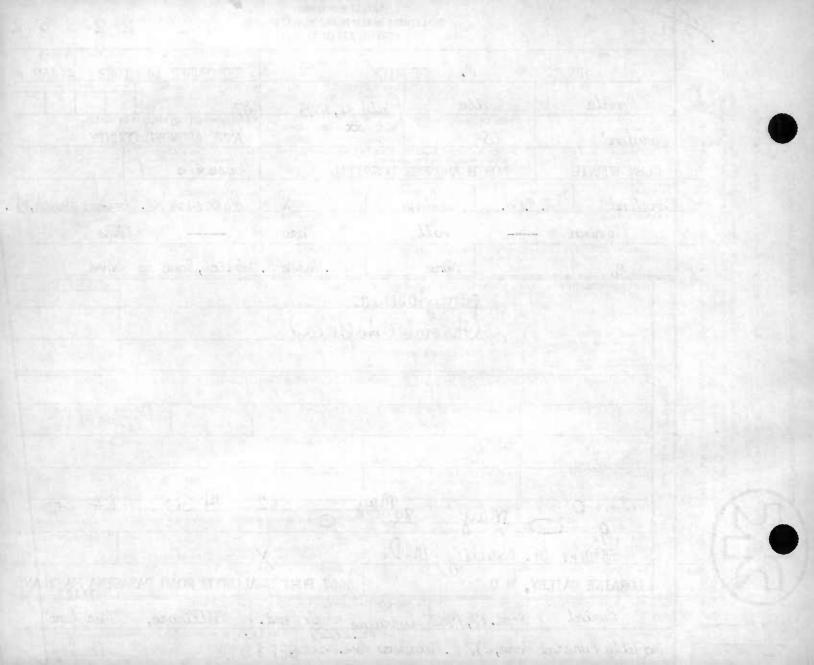
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,



10	1.	FOR - STATE	DEPAI	RTMENT OF HEALTH AND I	MENTAL HYGIENE 8 2	22361
		REGISTRAR CEASED NAME FIRST	WIODIE	CERTIFICATE OF D	20. DATE OF DEATH MON	TH DAY YEAR IN HOUR
(M)	3 SE	LARRY	S, L	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)	and commence and c
\$10 0 P	70. B	Male IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTR	1/ 0.0/	42 40 P BALTIMORE CITY OR CO	YRS. PONTHS DAYS HOURS MAKE
deoth.		Maryland ITY OR TOWN OF DEATH	USA	MARRIED NEVER A	vorced Anne F	Rundels MD
hours ofter death. J in by the funeral be filed within 72		Anna polis	(IF NOT IN SUCH FACILITY, GIVE STR 1636 Foolish	Pleasure Cou	LITYPE OF WORK FOR MOST OF WO	PRKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY INSURANCE
filled in tould be	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		DWN 136 INSIDE C	ITY LIMITS? 13. STREET ADDRESS 1636 FOOLish	Pleasure Court
mpletely ond 2 sh		ATHER'S NAME FIRST Lenn	MIDOLE Davis		S MAIDEN NAME FIRST MIDDLE	LAST
be executed on ond comp s. Poges 1 or e medicol ex	160 V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SE 216-40-		ADDRESS Sandra L. Davis Ann	1636 Foolish Pleas apolis, Md. Ct
certificate the physicion of the physici			nly one couse per line for (o), (b) D BY: TE CAUSE (o)	enal Fa	lire	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne deoth ce te ottending smove corb motion, or r r troumotic		2017 Conditions, if ony, which	DUE TO, OR AS A CONSEC	OUENCE OF LENS	Disease	20 years
by the by the crem		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF		0
quires signe signe to buri njury, c	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS <u>CONTRIBUTING T</u>	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(0
in The low re hysicion. Icote hos been rensit permit. Hygiene prior 18 shows ony is	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFO	RMED 200 AUTOPSY? 20 IN YES □ NO □	DEFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
PHYSICIAN: The ending physicic this certificate the buriol-transit ad Maerici Hyginia d or Item 18 she	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	JURY OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2]
PHY endi this this he b	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	21f. LOCATIO	ON CITY OR TOWN	COUNTY STATE
TEND ntol o OR: A Or use f Heol		22a. I certify that (I) (this hospi	tol) ottended the deceosed from	3/7	, 19, to	and hour and from the couses stated
the hosp the hosp 1. DIREC etoched re Dept. If Item		22b. SIGNATURE	I le body drier death.	DEGREE A	TTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22c. DATE SIGNED 9/8/8)-
O HOSPITAL efoined by the TO FUNERAL should be deformed with the Stotel MAPORTANT: If		226. PHYSICIAN'S NAME (TYPE O	OR PRINT!	22e. ADDRES:		- ANNAPOUS Ud
BP		SURIAL, CREMATION, REMOVAL REMOVAL	23b. DATE 23 9/8/82	c. NAME OF CEMETERY OR C	CREMATORY 23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FU	JNERAL DIRECTOR	Balto., ADORES	ka	250 DATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
(102 19, 4)		Anatomy Board	Balto., I	Mu.	SEP 1 4 1982 1	Carried

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	rector to the sa	

0 15	1	STATE REGISTRAR	DE		FICATE OF DEATH	REG. N	10.	2 2	3 6 2
		ECEASED NAME FIRST	MIDDLE		LAST	26. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
2 20		HELEN	M.	DEBRICK		SEPTEMBE	R 14 1	1982	4 45P M
E (14/11)	3. SE				OF BIRTH	6. AGE (IN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24 HRS
9 18 19		Female	White	Jul	y 31.1895	87 YRS.			Mile.
Au 62	70° B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8.0	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
1 12	_	aryland	USA	WIDOW	ED DIVORCED	ANNE ARUNDEL COUNTY			MD.
by the tilled with		GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOSPITAL		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWILE 120. USUAL OCCUPATION 120. ISLAND OF BUSINESS INDUSTRY			F BUSINESS OR	
1. Filled in hould be	130. Ma	STATE 136 COU	NTY 13c CITY C	ce before admission; or town dena	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 8420 Par	k Rd.R.	iviera	Beach, M
ompletely and 2 st	0	afher's Name Unknown		U	15. MOTHER'S MAIDEN NA	ME	(Ohms LAST	
be execu an ond c. S. Pages		WAS DECEASED EVER IN U.S. AF	IVE WAR OR DATEST	L SECURITY NO.	17. INFORMANT	ADDR			
		No None Mr. Jesse E. Debri					ick, Same as above		
ysicial apers. Ival.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:						BETWEEN C	MATE INTERVAL
squires that the death certifu is signed by the attending ph Then please remove carband to burial, cremotion, ar remo njury, at other traumatic ever		MMEDIATE CAUSE (a) Dancy to place							
		DUE TO OR ASIA CONSEQUENCE OF 1							
		Conditions, if any, which gove rise to immediate							
		couse (a), stoting the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF							
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0							
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	4
ow rec	CERTIFICATION	190 DATE OF OPERATION	DPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 206 IF YES, WERE FINDINGS USED		
7 6 6 6 8	IFIC					IN CERTIFYING CAUSES OF DEATH? YES VO YES NO NO NO NO			
F 0 0 % B 4	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR				NO [
		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT						
DING PHYSICIA or attending ph After this certifi is as the burial-tr call hand Mental marked or Item 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PŁACE OF INJURY	19	211 LOCATION				
the the cond and cond	¥	WHILE NOT WHILE THE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO)WN	COUNTY	STATE
or att After After alth a			sital) attended the deceased	trom - Ma	4 10 8	2 11 14 51	D 1	. 82	that (D(wa) last
TEN ital OR: ar us If He		220.1 certify that (1) (this hosp saw the deceased alive or	May	1982	nd that in (m) (aur) apinion	death accurred an the d	ale and hour	and from the	couses stated
RECI RECI Ppt. o		saw the deceased alice on 19 17 , and that in (m) (aur) opinion death occurred an the date and hour and from the causes stated above. (i) (we) (id i) (id i) (id i) (id i) (id ii) (id ii) (id ii) (id ii) (id iii) (id iii							
the horten to the horten to DIRE to Dept. If herr		Lovaine M. Daully M. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D							
by by Stot And		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1111-7-1	220. ADDRESS	DIRECTOR PHYSIC	-IAN []		
TO HOSPITAL (etained by the TO FUNERAL Bandle be detained by the State Committee Committee State Committee Com		LORAINE DAILEY, M D 8667 FORT SMALLWOOD ROAD PASADENA MARYLAN							
56 - 2 3 3 4		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CIPY OR JOYN		COUNTY	/ STATE
BP		Durial	Sept. 17, 1982					Mary	landiate
DHMH - 16 50M 4/82	24. F	Weral director Cally Funeral	Home 227 & 4	DRESSONAMO	Ava Balt OFD	E REC'D. BY REGISTRAR	AND. REGISTRA	AR'S SIGNATI	JRE
(VRA 15, 4)	1	iq any i wieras	11011e, 2)/ (.1	aupse	ING. DUCTOFF	10 1986 6	orene	with helper	ichel



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

retained by the haspital or attending physician.

BP_ DHMH - 16 50M 1. (VRA 15, 4)

1				STA	TE OF MARYLAND			* M
1	FOR STATE				HEALTH AND MENTAL HYG IFICATE OF DEATH	SIENE 8 2	2 2	3 6 3
1 0	REGISTRAR			CERT	INCATE OF DEATH	REG. NO		EDT
	ECEASED NAME PE OR PRINT)	FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
		AMIE	TARE		FINO	SEPTEMBER		3:06 par
3. S	EX	4.5	RACE	5. DATE	OF BIRTH	6 AGE SIN YEARS LAST BIRT	MONTHS DAY	
	Female		White		b. 24, 1905	77	YRS.	
100	THPLACE (STATE OR F	OREIGN 76.	CITIZEN OF WHAT CO	DUNTRY? 8	IED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	now Hill		U.S.A.	WIDOV	VEDX DIVORCED	ANNE ARUN	NDEL COUNTY	MD.
10.0	CITY OR TOWN OF DEA	TH 11.	NAME OF HOSPITA		OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
	LEN BURNIE		NORTH ARUN	DEL HOSPI		Homemak		wn Home
USU 13a.	JAL RESIDENCE (IF NURS	NG HOME OR OTH		OR TOWN	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
	Md.		_	evern	YES NO K		chfield Dr	r. 21144
14. F	ATHER'S NAME	MIDE		LAST	15. MOTHER'S MAIDEN NA	ME		
	Walter	WIDE		rr	Augusta	Henrett	a St.	îkie
160	WAS DECEASED EVER		FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMAN (Taugh	hter) ADDRE	SS	
	(YES NO OR UNKNOWN)	(IF YES, GIVE WA		9-10-208	Mrs. Lenora		Same a	as #13
	18 CAUSE OF DEATI			p), (b), and (c'.)	7.12.5	<u>a_0+ ==aa,</u>		OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH W	AS CAUSED B	Y: () 1 + 1 2	te man	le la	1		N ONSET AND DEATH
	4100	IMMEDIATE C	AUSE (O)		- Co.Segi-	1 m.400	SUMELYOP	
18	1100		DUE TO, OR AS A C	ONSEQUENCE OF	111	0.	00.1	
	Conditions, if ony, gove rise to imm	ediate	(b) 1/ a	10/19	in entil	Carelia	- CLLIC	
	couse (a), stating couse		DUE TO, OR AS A G	ONSEQUENCE OF	2)11617 h	Leed		
			(c)	10,00	1			
Z	PART 2. OTHER SIGN	IFICANT CON	IDITIONS CONTRIBU	TING TO DEATH BU	IT NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	ITION GIVEN IN PART	100
CERTIFICATION	19a DATE OF OPERAT	ION	106 CONDITION FO	P WHICH OPERATI	ON WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE FIND	DINCELIEED
FIC	TA DATE OF GLERNI		TW COMPINENTS	K WINCITO, EKATI	OIT WASTERTORMED		IN CERTIFYING CAUS	ES OF DEATH?
ERT	21a ACCIDENT WAS UND	RIYING [216. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	YES 🗌	NO 🗌
	OR CONTRIBUTING		HOUR A.M. MO		S IN HOW HAJORI OCCOR	KED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	1
Ş	(IF EITHER, NOTIFY MEDIC		P.M.	19				
MEDICAL	21d. INJURY OCCURR		21e. PLACE OF INJUR (ATHOME STREET FACTO	Y RY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
-	AT WORK ON NOT WH			4 1				
	220.1 certify that (1)		ottended the decease	ed from	, 19	, to	. 19	, that (I) (we) lost
	sow the decease	d olive on	ew the body ofter dec	19	and that in (my) (our) opinion	death accurred on the do	te and hour and from th	he couses stated
l	27h SEMATURE				DEGREE		22c. DA	TE SIGNED
	100	0:0	-		ATTENDING PHYSICIAN [MEDICAL STAF	F	
1	224. PHYSICIAN'S NA		NI		22a ADDRESS	HOSPITAL DRI		
	DEGED PRO	TMD						
23o	BURIAL, CREMATION,			23c NAME OF	CEMETERY OR CREMATORY	MD. 21063		
	(SPECIFY). Burial		Sept.10,8			CITY OR TOWN	COUNTY	STATE
			7/1	Z IVEW C		Balto		-
	UNERAL DIRECTOR			ADDRESS		FP 81982	John 9	Capiell
1.5	ingleton	Filher:	al Homo C	JonBurr	G L bM are	1 0 1904	11	0.

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MPORTANT:

(VRA 15, 4)

per

			STATE OF MARYLAND T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	IENE 8 2 2	2 3 6 4 EDT		
FIRST		MIDDLE	LAST	20. DATE OF DEATH MONTH DE	AY YEAR 26 HOUR		
DOROTI	HY	W	DEFONZO	SEPTEMBER 9,1982	7:05 p _M		
	4 RACE	5.1	DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS		
	White	A	ugust 3, 1906	76 YRS.	ONTHS DAYS HOURS MIN.		
e NY	NY USA WIDOV		MARRIED NEVER MARRIED IDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH			
ATH	(IF NOT IN SUC	HOSPITAL, NURSING H H FACILITY, GIVE STREET ADDR ARUNDEL HOS	OME OR OTHER INSTITUTION ESSI SPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY		
13b COUP		GIVE RESIDENCE BEFORE ADM 134. CITY OR TOWN Glen Burni	1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 637 Baylor Road			
	MIDDLE E.	Siddon	IS MOTHER'S MAIDEN NA.	WE	Ducatte		
	RMED FORCES? IVE WAR OR DATES)	166 SOCIAL SECURITY 080-03-309		ADDRESS G ce Sorrell,7825 O	len Burnie, MD verhill Road		
VAS CAUSE		Cardio	respiratory	smest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
, which	DUE TO, O	RASA CONSEQUENCE	rdiel Infe	rcha	STATE OF THE STATE		
mediate ng the e last.	DUE TO, O	RAS A CONSEQUENCI		ene			

No 18 CAUSE OF DEA PART I. DEATH V gove rise to im cause (a), stati underlying caus PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION NEW 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) 2 la. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

Female O. BIRTHPLACE ISLATE OF Morrisonvill 10 CITY OR TOWN OF DE GLEN BURNIE

SUAL RESIDENCE (IF NUR

Charles

160 WAS DECEASED EVER NO OR UNKNOWN

3 SEX

30 STATE Maryland

> HOUR A.M. P.M.

MONTH DAY YEAR 21e. PLACE OF INJURY

211 LOCATION STREET

ATTENDING

CITY OF TOWN COUNTY

STATE

77 DATH SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL

22b. SIGNATUR

BASANT K. KHANDELWAL, M.D.

GLEN BURNIE, MD. 23c NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

22e ADDRESS

DEGREE

21061 23d LOCATION

Plattsburg

ond that in (my) (aur) apinian death accurred an the dote and hour and fram the causes stated

DIRECTOR PHYSICIAN

BALTIMORE-ANNAPOLIS BLVD

Clinton

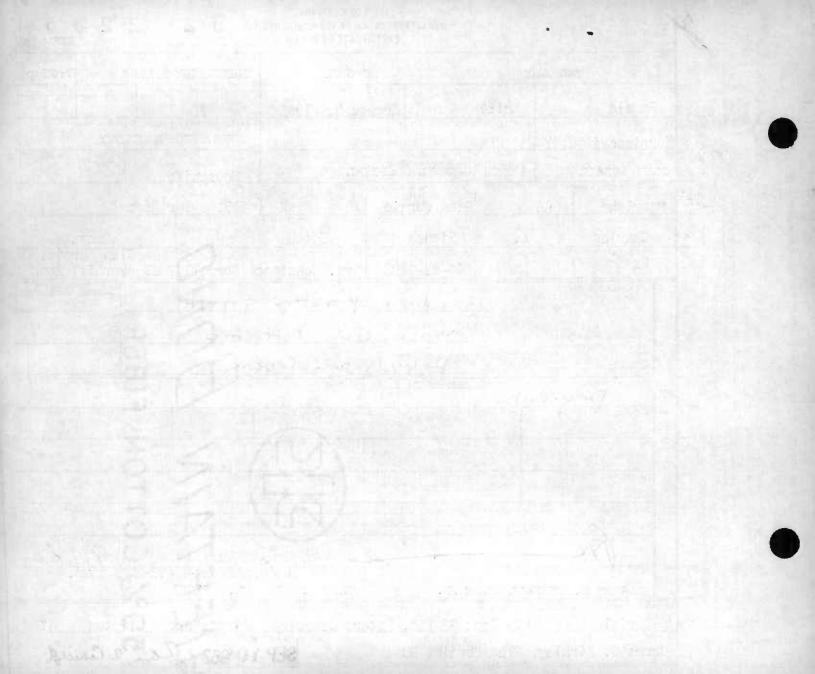
Burial BP. DHMH - 16 50M 1/B1

James S. Kirkley, Glen Burnie, MD

23b. DATE

13 Sept 82

22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive on obove, (I) (we) (did) (did not) view the body after death



AVENUE

JONES/4101 EDMONDSON

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

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	Retains		EDEN'S	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a DATE OF DEATH MONTH 2h HOUR 20

FOR - STATE REGISTRAR I. DECEASED NAME ETYPE OR PRINT Dolores Lorraine Dolan September 8, 1982 4 RACE A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5. DATE OF BIRTH MONTH DAYS White 6 June 5. 1915 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTR MARRIED NEVER MARRIED U.S.A. HONE NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR Own Home wood Manor WOULD RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INICIOT . ITY HAUTS? 1525 Ingalls Road Glen Burnie A.A. Maryland YES 🗌 NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST UNKNOWN Caldwell unknown (Daughter) ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Same as # 13 16b. SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Mrs. Maureen F. Binsol 213.18.046 No APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO [NO. YES 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M. 21f. LOCATION 21d INJURY OCCURRED ö 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deleased from sow the deceased alive pr and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated body/after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS IMPORT, 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

DHMH - 16 50M 1/81 (VRA 15, 4)

A.Glen Burnie, Singleton Funeral Home MD.

9'Sept. 82 Security Process Inc. Catonsville.

FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

COUNTRY

MD

female

BIRTHPLACE (STATE OR FOREIGN

Herman 160 WAS DECEASED EVER IN U.S.

(SPEC Burial

CITY OR TOWN OF DEATH

GLEN BURNIE USUAL RESIDENCE 130. STATE

MD 14. FATHER'S NAME

3. SEX

18 CAUSE OF DEATH (Enter only one cous-PART I. DEATH WAS CAUSED BY

		DEPARTA			MENTAL HY	GIENE &	2 REG. 1	-	2	3	6	1
FIRST	Wi	Ihema	EAST	BEAU!	100	20. DATE	OF DEATH		DAY	YEAR	2b HC	UR
EMMA		W.	DIT	TION		SEPI	EMBER	27.	1982		5:	30 A
	4. RACE Whi	te	Aug	24	1919		IN YEARS LAST B	PRTHDAY)	IF UNDE	DAYS		MIN.
ORE IGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED 3 WIDOWED [MARRIED [ARUN		OUNT	АТН Ү		MD.
тн	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET / ARUNDEL H	OSPITA		TITUTION	TYRE OF W	AL OCCUPA FORK FOR MOSI USEW 1	OE-WORKIN	GLIFE) INC		hoi	ne ne
13b COUP AA		Glen Bu	urnie 3	res 🗌	NO XX		3 No	rth	Ham	mon	ds :	
	MIDDLE	Wederha	ake	Emn	S MAIDEN NA	ME	WIDDLE			Uh 1º		RD
HE YES GIV	MED FORCES?	214/01,		Mr	Walt	er L			(hu			
AS CAUSE		line for (a), (b), and	Ren	ninay	0.7	Loui	Cur		E	APPROXI BETWEEN O	MATE INT	ERVAL ID DEATH
which	DUE TO, OI	R AS A CONSEQUE	NCE OF	la	20/	2	wy	-				
g the last.	DUE TO, OI	R AS A CONSEQUE	NCE OF	2	ue Ly	L .:	7					
IFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT NO	T RELATED	TO THE TERM	INAL DISE.	ASE OR COM	NOITION	given in i	PART 10		
ION	19b CONDI	TION FOR WHICH	OPERATION V	VAS PERFO	RMED	20a AL	TOPSY?		YES, WERI RTIFYING (YES []			ATH?
AUSE OF DEA	NI FI	M. MONTH DA	Y YEAR	Ic. HOW IN	JURY OCCUR	RED (ENTER	NATURE OF IN)	URY IN ITEM	IS PART : OR	PART 2)		

Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO underlying cause last. PART 2. OTHER SIGNIFICANT CONDITION CERTIFICATION 190. DATE OF OPERATION 19b CC 210. ACCIDENT WAS UNDERLYING 21b. TI/ HOUR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram, 19_1920, ta. 9 - 28 sow the deceased alive on. 19______, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL uns ATTENDING DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 529 S. CAMP MEADE ROAD. SACIT EREN M.D. Loudon Park Cem. 230 BURIAL, CREMATION, REMOVAL 29 S Baltimore

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

Singleton Funeral Home, Glen Burnie, MD

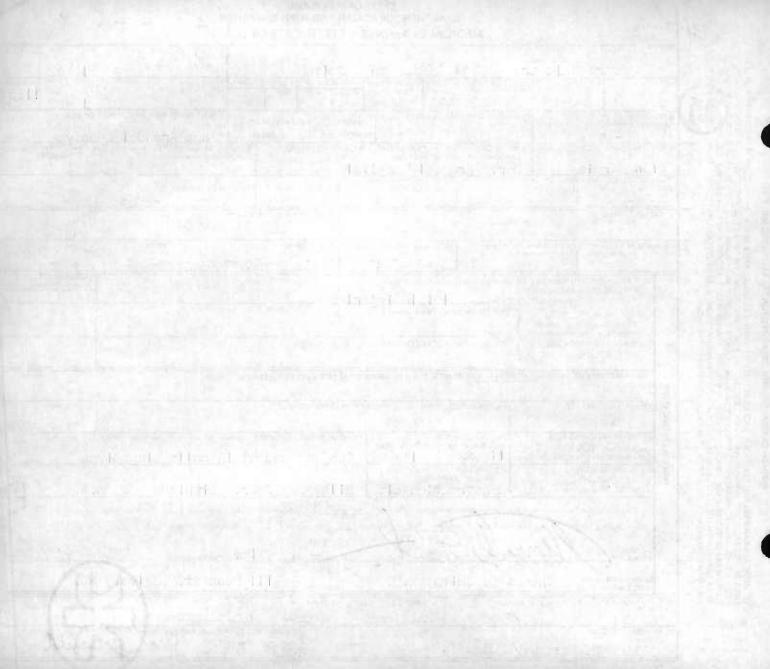
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SONA

MDATE

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	2.29.5			.O. PEDE	SACT

CONTROL TO SECURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Robert Earkhart (Richard E Smith) AKA 1982 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 11:50 DEAD male black 8 13 1938 44 YRS 1982 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED X WIDOWED [Ala USA Anne Arundel County 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS & CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! Glen Burnie North Arundel Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET ADDRESS 136 COUNTY Md Glen Burnie NO D 1031 N. Broadway 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Robert **Earkhart** Mary Mills 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? NOISINID Cleveland Ohio (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-54-7043 Lula Evans 13995 Superior Rd apt 510 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES TX NO [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR Subject caught in collapsing ditch CONTRIBUTING CAUSE OF DEATH PXX 19 82 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21L LOCATION STATE COUNTY AT WORK NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I construction site Silky Oak Court Md. Linthicum A.A. 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Deputy Chiefedical EXAMINER 9/2/82 SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME III Penn St. Balto., MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b. DATE Md Baltimore Baltimore Cemetery Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE **DHMH - 17** William C. March F/H 1101 E. North Avenue (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKI	IFICATE OF DEATH		REG. N	10			
	CEASED NAME	FIRST	٨	MIDDLE	9.9.	LAST	20. DATE OF		MONTH	DAY	YEAR	26 HOUR
(117)	E ORPRINT)	2.00	L		F	herhardT	JA.		9	14	82	123A
3. SE	X		4. RACE			OF BIRTH	6. AGE (IN	EARS LAST BI	RTHDAY)		RIYEAR	IF UNDER 24 HRS.
	Make		Wh	ite	^o	DAY YEAR	0	5	31 yrs.	MONTHS	DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COU	VTRY? 8	IED NEVER MARRIED	9. BALTIMO	RE CITY		TY OF DE	ATH	
	Romania		USA		WIDO		0 An	ue C	Lun	Rel		M
10. C	ITY OR TOWN OF DEAT	TH			URSING HOM	OR OTHER INSTITUTION	12a USUAL			12b.	KIND OF	BUSINESS OR
1	Innapol	م	Anne	anu	ndel	Den. HOSA		achin		tac) hab	GPO	
TJe	STATE DENCE (IF NURSIN	NG HOME OR		13c. CITY O		13d INSIDE CITY LIMITS	? I3e. STREET	ADDRESS				
	Md.	1	A.A. Co.		ewater,				e Ave			
II. FA	ATHER'S NAME		MIDDLE	LA	ST	15. MOTHER'S MAIDEN	NAME	WIDDIE			LAST	
1	Jacob			Eberh	ardt Sr			MIDDEL			LAST	unkno
	WAS DECEASED EVER IN		MED FORCES?	166 SOCIA	SECURITY NO	17 INFORMANT		ADDR	ESS			
	no			218-	05-3720	Johnny Sta	aton Cove	e Rd.	Edge	wate	r, Md	. 2103
	18 CAUSE OF DEATH	Enter on	ly one couse per	line for (p),	b), and i	0 1	THE HEAD	n III.		8	APPROXIMETWEEN ON	ATE INTERVAL
	PART I. DEATH WA		E CAUSE (o)	140	aut	\alun						
	14289	1		16.1.601	CEOUENICE OF	0	N - 1350		- 1			
	Conditions, if ony,	which	DUE TO, ON	RAS A CON	SEQUENCE OF					W 18		
	gove rise to imme	ediote	(b)									
	gove rise to imme	ediote the	DUE TO, OR	R AS A CON	SEOUENCE OF					00		
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7	gove rise to imme couse (a), stating underlying couse	ediate 1 the lost.	(c)			UT NOT RELATED TO THE T	ERMINAL DISEAS	E OR CON	IDITION G	IVEN IN F	PART 1(o	
NOI	gove rise to imme couse (a), stating underlying couse	ediate 1 the lost.	(c)			JT NOT RELATED TO THE T	erminal diseas	E OR CON	IDITION G	IVEN IN F	PART 1(o	
CATION	gove rise to imme couse (a), stating underlying couse	ediote the lost.	(c) CONDITIONS CO	DNTRIBUTIN	G TO DEATH BI	IT NOT RELATED TO THE T	ERMINAL DISEAS		20b. IF Y	ES, WERE	FINDING	
TIFICATION	gove rise to imme couse (o), storing underlying couse	ediote the lost.	(c) CONDITIONS CO	DNTRIBUTIN	G TO DEATH BI				20b. IF YI	ES, WERE	FINDING	GS USED OF DEATH? NO
CERTIFICATION	gove rise to imme couse (o), stoling underlying couse PART 2. OTHER SIGN 19a DATE OF OPERATI 21a, ACCIDENT WAS UNDER	ediate the lost. IFICANT CO	(c) (c) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	TION FOR V	G TO DEATH BI	ON WAS PERFORMED	20a AUTO	NO [20b. IF Y	ES, WERE	FINDING AUSES C	OF DEATH?
	gove rise to imme couse (o), stoling underlying couse PART 2. OTHER SIGN 19a DATE OF OPERATI 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA	ediote the lost. IFICANT COMMENT COMM	196. CONDITIONS CO	DATRIBUTIN TION FOR V FINJURY M. MONTI	G TO DEATH BI VHICH OPERAT H DAY YEA	ON WAS PERFORMED	20a AUTO	NO [20b. IF Y	ES, WERE	FINDING AUSES C	OF DEATH?
	gove rise to imme couse (o), stoling underlying couse PART 2. OTHER SIGN 19a DATE OF OPERATI 21a, ACCIDENT WAS UNDER	ELYING LUSE OF DEA	196. CONDITIONS CO	TION FOR V FINJURY M. MONTI	G TO DEATH BI	ON WAS PERFORMED	20a AUTO	NO [20b. IF Y	ES, WERE	FINDING AUSES C	OF DEATH?
MEDICAL CERTIFICATION	gove rise to imme couse (o), stoling underlying couse PART 2. OTHER SIGN 19a DATE OF OPERATI 21a, ACCIDENT WAS UNDE OR CONTRIBUTING CANTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURSE WHILE NOTIFY MEDICAL CONTRIBUTION OF COURSE WHILE NOTIFY MEDICAL COURSE CO	ediote the lost. IFICANT C ON REYING REYING AUSE OF DEA AL EXAMINER D E	196. CONDITIONS CO	TION FOR V FINJURY M. MONTI	G TO DEATH BI VHICH OPERAT H DAY YEA	ON WAS PERFORMED 21c. HOW INJURY OCC	20a AUTO	NO [20b. IF YI IN CERT YERY IN ITEM 18	ES, WERE IFYING (YES	FINDING AUSES C	OF DEATH?
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Home 12 Ridgely Ave. Ann.

DHMH - 16 50M 1/81 (VRA 15, 4)

Hardesty Funeral

TO FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The

IMPORTANT; If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, should be detached for use as the burial-transit permit. Then please remove carbainpe with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remay

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	FOR
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-	STATE
	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		CEASED NAME	NORMA	V	HARO!	LDE	ASTELLMS Im S	2a. DATE OF DEA	9-28-	Y YEAR	26 HOU	13 7
0	1. SE	M MAI	LE	RACE	WHITE	MONTH 5	- 08-16	6. AGE (IN YEARS)		UNDER I YEAR	IF UNDER	MIN.
3		IRTHPLACE (STATE OR COUNTRY) NNECTICUT	FOREIGN]	U.S	·A.	Y? 8 MARRIE WIDOWE	D X NEVER MARRIED DIVORCED D	111	DEU NOE	OF DEATH		MD.
3	A	UN APOLIS		AME A	EUNDAZ	EET ADDRESS)	or other institution	120 USUAL OCC (TYPE OF WORK FOR SELF-EMP	MOST OF WORKING LIFE)	12b. KIND C INDUSTRY FARM		ESS OR
35	130. S MA	AL RESIDENCE (IF NUR STATE ARYLAND	134 COUN	ΓY	GIVE RESIDENCE BEF 130 CITY OR TO ES BOWI	NWO	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌		RESS LINT LANE	207	15	
1	14 FA	ATHER'S NAME FIRST H.	٨	W.	ELLM;	S	15. MOTHER'S MAIDEN NA EDITH	R.	DOLE	RICHA		N
2	16a V	VAS DECEASED EVER YES NO OR UNKNOWN) NO		NED FORCES? WAR OR DATES)	011.10		MARJORIE E.		ADDRESS (DAUGHTER)	SAMI	E AS	13e
-	CATION	Conditions, if ony gove rise to im cause (a), stati underlying causs	MIFICANT CO	DUE TO, OR (b) DUE TO, OR (c) DIDITIONS CO	s BA	DUENCE OF DUENCE OF	CIRRHOSIS NOT RELATED TO THE TERM		20h IF YES, V	WERE FINDIN	NGS USE	
7	CAL CERTIFIC	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT	21b. TIME OF HOUR A.A	A. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO	YES YES		NO [
	MEDIC	21d INJURY OCCUR	RRED	21e PLACE (OF INJURY SET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	CIT	Y OR TOWN	COUNTY		STATE
1		220.1 certify that (I saw the decease obove (II) be e) (2716.5 IGNATURE) (this hospite sed alive (did voud not	view the body	- 01	82 or	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS	, to 9 death occurred on MEDICAL DIRECTOR P		and from the		we) last oted
		REMATION	, REMOVAL	23b. DATE 9/29/1			EMETERY OR CREMATORY OUNT CREMATOR	23d. LOCATION CITY OR TO BAL'I		COUNTY MA	RYLA	ND .

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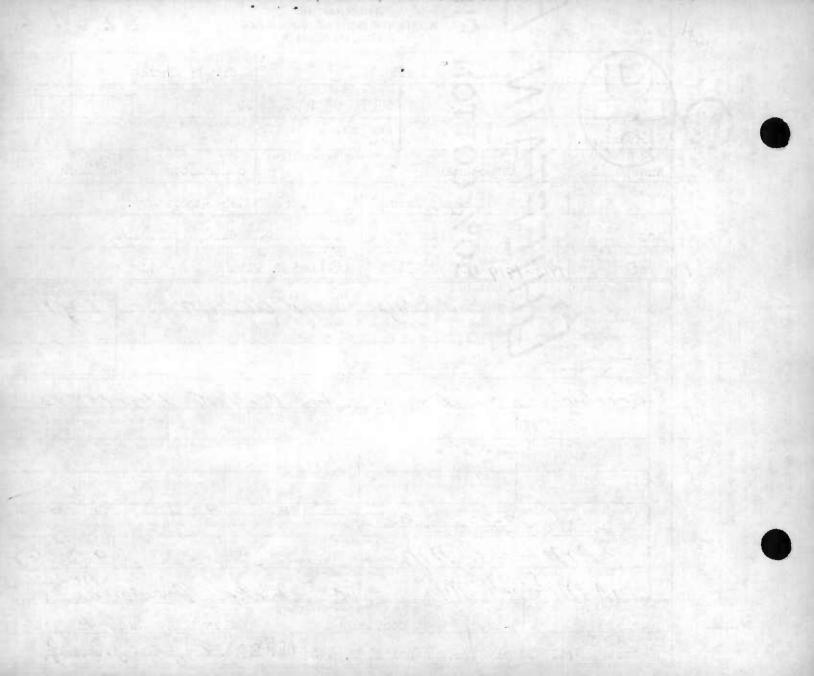
24 FUNERAL DIRECTOR

WALTER BROOKS BRADLEY INC., BATTO., MD.

DHMH - 16-50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND



L	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY TICATE OF DEATH	GIENE 8 2	2 2 3	7 3
	PECEASED NAME FIRST (PE OR PRINT)	WIOOFE		AS1	20 DATE OF DEATH		2b. HOUR
			zwater		1	1982	1755 N
3. S	22FX	Cau.	S. DATE (1 OAY YEAR	6 AGE (IN YEARS LAST 8IR	THDAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN.
12	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	BASS W.Y.	U.S. A.	WIDOW	D DIVORCED	ANNE Aru	ndeL	WE
/	city or town of Death	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPATION OF OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
5 130 n		ROTHER INSTITUTION GIVE RESID NTY 13c. CIT		13d. INSIDE CITY LIMITS? YES (12) NO [130 STREET ADDRESS	CKSON Grove	Pd.
	FATHER'S NAME PIRST NILLIAM SILL	MIDDLE F	itzwa Her	HANNON	AME MIDOLE	Fitzu	
	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	CIAL SECURITY NO	17. INFORMANT WANDA M	Ay Fitzwal	ss	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION				MINAL DISEASE OR CONI	206 IF YES, WERE FINDI	NGS USED
ERT	710. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	,	121. HOW IN ILIPY OCCU	RRED (ENTER NATURE OF INJUS	YES 🗌	NO 🗌
MEDICAL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MO	NTH DAY YEAR 19	211 LOCATION	CITA OB 10.		STATE
*	AT WORK NOT WHILE			E-F-I-Date			
,	220.1 certify that (1) (this hasp saw the deceased alive or above, (1) five (did) (did to 22b. SIGNATU!	on view the body ofter dec	19, or	IZ Sept. 19 82 and that in (my) (our) opinior DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAF	te and hour and from the	
	JOHN 1	3. Theob					
	BURAL, CREMATION, REMOVAL (SPECIFY) BURTAL	23b. DATE 9/15/82		EMETERY OR CREMATORY DGE MEM. PARI	23d LOCATION CITY OR TOWN K DORSEY	COUNTY	STATE MD
24.1	FUNERAL DIRECTOR HARDESTY FUNERA	L HOME 12RII	ADDRESS OGELY AVE	0.5	P 1 4 1982	25 JEGISTRAR'S SIGN	ure

DHMH - 16 50M 1/81 (VRA 15, 4)

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THE CONTRACTOR OF MAINTENANCE OF THE PARTY O A THE PERSON NAMED IN Shired Day of The Flat Age County

ctor, page 3 safter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	2	2	3	7	2
CERTIFICATE OF DEATH		REG NO					

	1.	- STATE REGISTRAR			ERTIFI	CATE OF DEAT	Н	REG. NO	D.		1
		CEASED NAME FIRST		DOLE	1A	т		20. DATE OF DEATH	MONTH DA		HOUR 126
	3. SE	1 HE	IA, RACE	Ruth	DATE OF	CINC		6. AGE (IN YEARS LAST BIR	9-2		NDER 24 HRS
	F	EMDIE	White		Dec.	DAY Y	24	57	YRS.	NTHS BATS HOL	
13		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	4	MARRIED	NEVER MARR		ANNE A	RCOUNTYO	. 1.	AMD &
53	A	NNAPOLIS	AME A	OSPITAL, NURSING ACILITY, GIVE STREET ADD A RUNDEL	HOME OF		-	120 USUAL OCCUPATION OF OF WORK FOR MOS OF	ON F WORKING LIFE)	126 KIND OF BU INDUSTRY HOM e	SINESS OR
34	M			ve residence before ad 31. CITY OR TOWN Pasadena		3d. INSIDE CITY LIA		13. STREET ADDRESS 562 (ardin	al Dri	ve 2	122
20	14 FA	David W	WIDDLE	Nolte		5 MOTHER'S MAI	DEN NAM gia	MIDDLE		Sheele	n
	16a V	VAS DECEASED EVER IN U.S. AR YES OOR UNKNOWN) (IF YES, GIV	MED FORCES?	66. SOCIAL SECURIT 552 –1 2–52	10	Mr. Guy	E. M	ongan, In.		as #13	
	rion	Conditions, if ony, which gove rise to immediate couse to isstoring the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR A	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE ATRIBUTING TO DEA	CE OF	OT RELATED TO T	all HE TERMIN	Cell Lung	Cancon DITION GIVEN	IN PART I (o	a.
9	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OF	PERATION	WAS PERFORMED		200 AUTOPSY? YES NO		VERE FINDINGS NG CAUSES OF D	
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. P.M.	MONTH DAY	YEAR 19		OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	FINJURY T FACTORY, OFFICE, FARM		211 LOCATION STREET	0.0	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (I) (this haspi sow the deceased alive above (I) we) (did) (fill 22b SIGNATURE	= 9/22	19 9		GREE ATTEN	DING	eath occurred on the do	F	nd from the cause	
1		22d. PHYSICIAN'S NAME (TYPE OF				22e. ADDRESS		DRAL ST	ANY	VAPOLIS	Md.
	(BURIAL, CREMATION, REMOVAL	9/29/1	982 Wasi	ringt	on Heigh		Ogden	Ú	beber,	Utah
		INERAL DIRECTOR Mtn. &		k Rds., Po Pasadena		na, Md. 1122	SFP	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATURE	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. Illied in the should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be think with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be a

A Company of the Comp . . . Lavid Local Local Control States and and among the same of the Beile water en eines toues, which Ed. (Sick recovery, more one, it.

3	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H	YGIENE 8 2 2	2 2 3 7 5 EDT
· Pine	1. DECEASED NAME FIRS		LAST	te. Ditte of Dentity	DAY YEAR 25. HOUR
	HEI 3. SEX	EN L.	FRAZIER 15. DATE OF BIRTH	SEPTEMBER 24, 1	1:40P M
(M)	F	B	8-29-1911	0 66 YRS.	MONTHS DAYS HOURS MIN.
death, a	70 BIRTHPLACE (STATE OR FOREIG	VSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL CO	
10 10 154 10 154	GLEN BURNIE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S NORTH ARUNDI		120. USUAL OCCUPATION [TYPE OF, WORK FOR MOST OF WORKING!	12b. KIND OF BUSINESS OR
tilled in parish by	Md A	ME OR OTHER INSTITUTION GIVE RESIDENCE INCOMINE PROPERTY OR STANDARD CONTRACTOR OF THE PROPERTY OF THE PROPERT	JORNA TYES NOW	475 UN	cour DRIU
completely I and 2 sh	14. FATHER'S NAME PERST ROK	E MIDDLE MCCAS	IN TON PRISING	A COURE	570h
n and n Pages	16a WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? 166 SOCIAL SES, GIVE WAR OR DATES)	4-7985 THELMS	A FORD 47	5 Lincound D
that the death certificate L d by the attending physicio ease remove carbanpapers al, cremation, or removal. or other traumatic event, the	PART I. DEATH WAS C	DUE TO, OR AS A CONSI	COMENCE OF NICE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires signe Then pl to buri njury, o		ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	rminal disease or condition giv	VEN IN PART 1/01
The law relation. The has been set permit. Sat permit. Shows any is	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN		IICH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ESNO
phys phys tifica lifica ol Hy m 18	00.000.000.000.00	DEDEATH HOUR A.M. MONTH	DAY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
PHY: transistic this the bund W	WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	PICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN pital TOR: for us	sow the deceased ali	haspital) attended the deceased from Grant to the body after death.		on death accurred on the date and ha	19———, that (I) (we) last ur and fram the causes stated
to he how to he how to he how to he how to he	226. SIGNATURE	Blend	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 9/24/12
HOSPII ined brined by FUNER buld be th the St	ROBERT B.	KROOPNICK, MD	22e. ADDRESS 205 GLEN	BALTIMORE ANNAPOR N BURNIE, MD. 210	
Bb 5 2 4 4 5	230 BURIAL, CREMATION, REMO	OVAL 236 DATE 9-29-1982	234. NAME OF CEMETERY OR CREMATORY	23d. LOCATION APPUNDS	COUNCO MIN.
DHMH - 16 50M 1/81	24 FUNERAL DIRECTOR	1. 40.04	750. D.	ATE REC'D. BY REGISTRAR 297 REGIST	TRAR'S SIGNATURE

STATE OF MARYLAND

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Male. BIRTHPLACE IS ATE OR Pennsy] O CITY OR TOWN OF DE

21d. INJURY OCCURRED

SEX

30. STATE

STATE OF MARYLAND

FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 2	2 3 7 6
DECEASED NAME FIR	STIAN Frederi	ck GARDNER	TO DATE OF BEATH	7 YEAR 26 HOUR 5:25P
Male Male	4 RACE WHITE	S. DATE OF BIRTH MONIH Sept. 6, 1905	M	IF UNDER 1 YEAR IF UNDER 24 HRS.
Pennsylva	nia U.S.A.	MARRIED XX NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF COUNTY OF ANNE ARUNDEL CO	
GLEN BURNIE	NORTH ARUNDI	URSING HOME OR OTHER INSTITUTION ELET HOSPITAL	120 USUAL OCCUPATION ret type of work for most of working life) Electrician	1)b. KIND OF BUSINESS OR INDUSTRY Beth- lehem Stee1
OUAL RESIDENCE (IF NURSING HOLD). STATE 136.	COUNTY 13t. CITY OR	BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	(21061)

Marvland FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE unknown unknown Gardner (unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (WITE) (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 217.12.8718 Mrs. Catherine L. Gardner

PART I. DEATH WAS CAUSED BY	Manning 1 aga.	falm	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEA
Conditions, if any, which	DUE TO, OR AS A) CONSEQUENCE OF	Presummia with	Pepis
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AND MISSEDUENCE	Hent films	

					200		IN CERTIFYING CAUSE	S OF DEAT
					YES 🗌	NO	YES 🗌	NO [
210. ACCIDENT WAS UNDERLYING		DAY	YEAR	21¢ HOW INJURY OCCURRED	O (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DA.	19					

211 LOCATION

PHYSICIAN DIRECTOR PHYSICIAN

21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM ETC) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

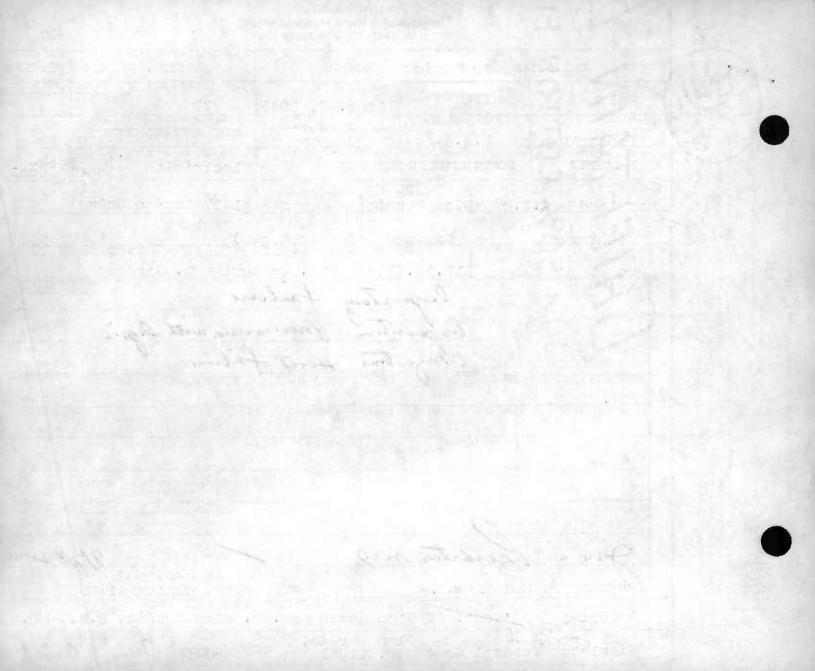
sow the deceased alive on above, (1) (we) (did) (did nat) view the nd that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING STAFF

ICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 7845 OAKWOOD ROAD, #107 PRESBITERO, JOSE M., M.D. GLEN BURNIE, MARYLAND 21061

NAME OF CEMETERY OR CREMATORY

Glen Haven Mem.Pk. Glen Burnie, A.A., MD. Burial 24 FUNERAL DIRECTOR Glen Burnie, MD. 21061 Singleton Funeral Home

DHMH - 16 50M 1/B1 (VRA 15, 4)



3631 Falls Rd. 21211

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR

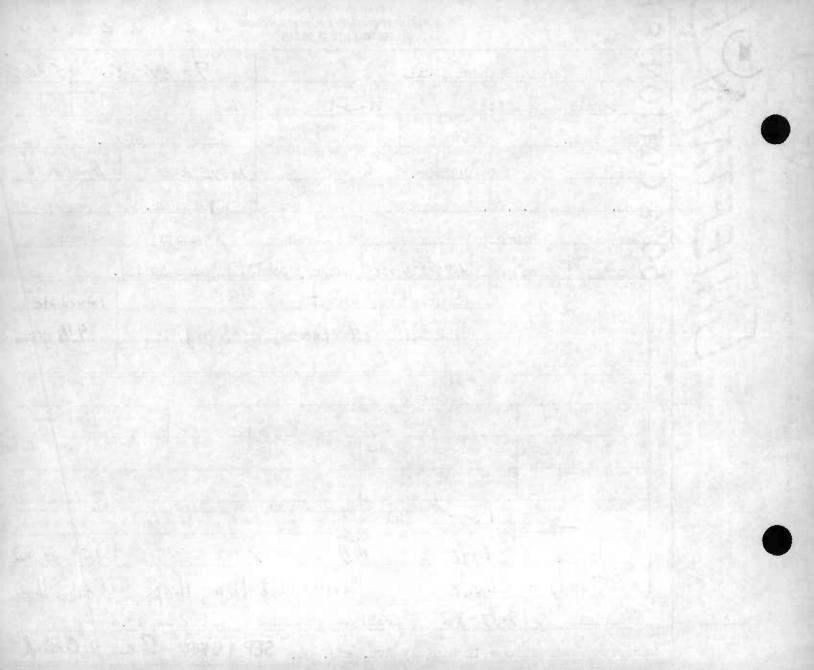
Burgee Funeral Home

(VRA 15, 4)

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ranour drougle	Annie	rem not mine	91109
Geor 20th Dropy tech or. 2111			0
	To problem song		
	A Description	N. N.	

DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-THE FUNERAL DIRECTOR.

AGE 5 FOR YOUR FILES.
FILED. WITHIN 72 HOURS

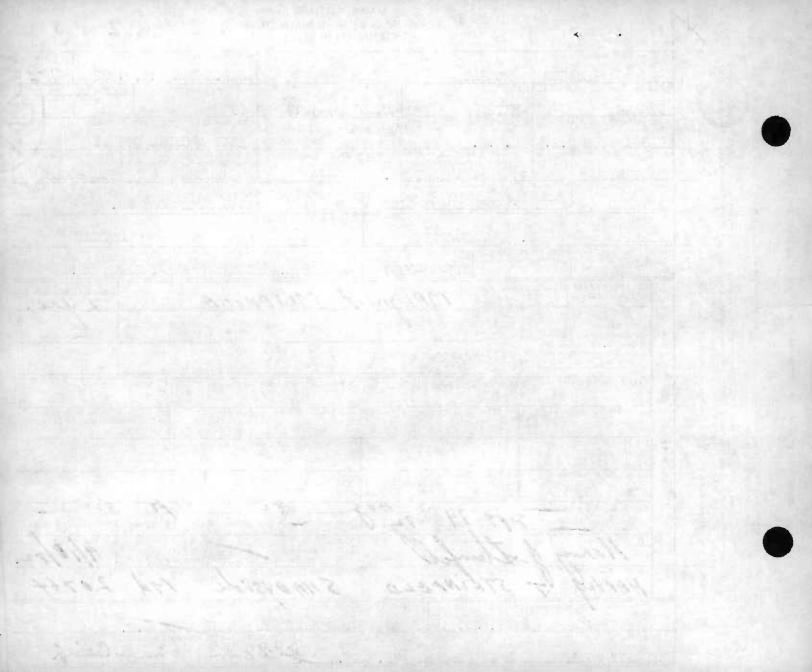
201 W. PRESTON STREET. DEATH MATED Paul 3 SEX 4. RACE IE UNDER 24 HRS DATE 2d HOUR MONTH LAST BIRTHDAY PRONOUNCED 1959 DEAD Male Cauc. June 4 H. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Penna. U.S.A. WIDOWED DIVORCED 11 NAME OF HOSPITAL, NURSING HOME S. RETAIN PAGE 5 SHOULD BE FILED, ID CITY OF TOWN OF DEATH OR INDUSTRY Computer 18. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN PA WIT PAGES 1 AND 2 SHOULD BE FOUND SE PAUSION OF VITAL RECORDS. Tech. Computers USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 610 Ebbotts Place Maryland Anne Arundel Crofton M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Gillespie Elva James Robert Homrighausen ADDRESS OWIE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO, OR UNKNOWN) I HE YES, GIVE WAR OR DATES! 2705 Largo ALONG WI CAUSE OF DEATH (Enter only one couse per lin PART I DEATH WAS CAUSED BY: ONSET AND DEATH HYGIENE. OR REMOVAL IMMEDIATE CAUSE OR AS A CONSEQUENCE OF DI BURIAL - TRANSIT Canditians, if any, which ED AS A BURIAL - TRAN HEALTH AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0). CERTIFICATION USED / 19g. DATE OF OPERATION TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE, WRITING THE WORD "N
PAGE A SHOULD BE FORWARDED TO THE CHIEF I
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED
AFTER DEATH, WITH THE STATE DEPARTMENT OF HE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH 21. PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.1 STREET NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy and in my apinion Hamicide Undetermined monner 9.10.52 EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY CATION STATE Sacred Heart Cemtery Bowie, Maryland Burial BP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 16000 Annapolis Rd., Bowie, Md. **DHMH-17** (VR A15 ME (5) 15M 2/80

The Paris Court of the Court of 214-78-842 West Transfer of the Control

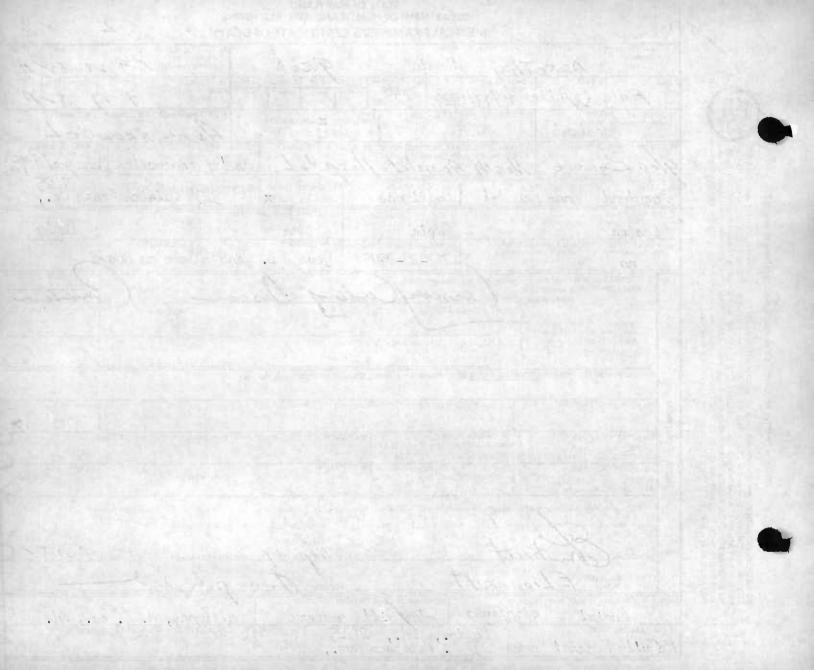
		STATE OF MARYLAND	
11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2 3 8 0
	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2000
	ECEASED NAME FIRST		MONTH DAY YEAR 76. HOUR
{T	YPE OR PRINT)	OF ESTI- X	
2.6	Harr	y Greene	9 23 1982 M
3. S	EX 4 RACE	MONTH DAY YEAR LAST BIRTHDAY! MONTHS DAYS HOURS IN DATE	AONTH DAY YEAR 2d. HOUR B:30A
	ale White	H24 9, 1952 30 YRS. DEAD	9 23 1982 1:304
70	BIRTHPLACE (STATE OR	76. CIFIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR	
0 1	BIRTHPLACE (STATE OR FOLIAGE DUNTRY)		1 0
	CITY OR TOWN OF DEATH	WIDOWED DIMORCED Anne Arunde 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (1796 OF	WORK 126 KIND OF BUSINESS
2		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR AND T OF JOKENG LIFE)	MARINDUSTRY MARINA
	Annapolis	Anne Arundel General Hospital Litt Operato	Marine
130	JAL RESIDENCE (IF IN NURSING HOME STARE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 130 STREET ADDRESS 130 STREET ADDRESS 1.00 INSIDE (ITY LIMITS? 130 STREET ADDRESS 1.00 INSIDE (ITY LIMITS? 1.00 STREET ADDRESS 1.00	DI
0	Ild. Hinne	NTY Invide 13. CITY OF TOWN I'VE 13d INSIDE CITY LIMITS? 130 SIREFI ADDRESS WEST	own Kd.
14.	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	
Z	1 State of	PRODLE LAST MIDDLE	Thompson
160	WAS DECEASED EVER IN U.S. AI		Mompson
100.	(YES, NO OR UNKNOWN) (# YES, GIV	122-36-8259 Mary AnneGreene	# 13
	Unk		
	18 CAUSE OF DEATH (Enter o	inly ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUS	ate Cause (o) Multiple injuries	
12	3120	DUE TO, OR AS A CONSEQUENCE OF	
	Canditians, if any, which		
	gave rise to immediat cause (a) stating the under		
	lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
		(c)	
		S CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)	
CERTIFICATION		보기 보는 맛이 보고 있는데 보기 되었다. 그는 사람들은 살이 없는데 모든데 없다.	
$\exists \exists$	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
I			YES NO
	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PAR	
3	UNDERLYING X OR	HOUR A.M. MONTH DAY YEAR	
2	CONTRIBUTING CAUSE OF	DEATH 2:30 KW 9 23 1982 Driver in auto/pick-up truck	
MEDICAL	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY
)	AT WORK AT WORK	Riva & Beards Point Rds., Dav	idsonville, A.A.Co
7	77a cartify that I took share		n my apinian
0			- my apinion
	death resulted frame	vial causes . Accident . Suicide ., Hamicide . Undetermined manner .,	
	ACTUAL	TITLE (SPECIFY)	DATE 0/23/92
	SIGNATURE	M.D. Deputy Chinebocal Examiner	DATE 51GNED 9/23/82
7	EVAMINED'S MANE		
40		homas D. Smith, M.D. ADDRESS 111 Penn ST. Balt	o., MD
23a	PURIAL, CREMATION, REMOVAL	236. DATE 236 NAME OF CEMETERY OF CREMATORY 234 LOCATION	
	Burial	9-27-82 Lakemont Vavidsonville	THE MI
21.			1,63
1/	FUNERAL DIRECTOR	A 250 DATE REC'D BY REGISTRAR 186/REGIST	RAR'S SIGNATURE
K	FUNERAL DIRECTOR	ADDRESS / Magana May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RAR'S SIGNATURE
	form M. Jay	ela + Sabress amapolo, Mel. 18EP 2 1982 1982	RAR'S SIGNATURE

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D marginal	WEEK WILLIAM TO THE		
			(1210)
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231			
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The HA Almost			

24	1	- STATE, REGISTRAR	DEP		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	2	2 3	8
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b HOUR
		ELEANOR	MURRAY	GREG	ORY	SEPTEMBER	18.	1982	728 4
10	3. SE		4 RACE		OF BIRTH	6 AGE IN YEARS LAST B	RTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
W	F	EMALE	WHITE	AUGU		65	YRS.	MONTHS OAYS	HOURS MIN,
1.18	Je B	COUNTRY)	76 CITIZEN OF WHAT COUN			9 BALTIMORE CITY	-	OFDEATH	
77		ASHINGTON D.C.	U.S.A.	WIDOW		ANNE ARUN	IDEL CO	YTNUC	MD.
13/1		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO	JRSING HOME		120 USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS OR
6/	SH	ADY SIDE	1148 STEAMBOA			HOUSEWIFE	OF WORKING LIF	HOUSE	HOLD
201	JSU I3a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION				1110002	11.120
Ę		RYLAND ANNE		SIDE	YES NOX	13e. STREET ADDRESS 1148 STEAM	BOAT I	RD.	
たりか	14. F	ATHER'S NAME	MIODLE LAS		15 MOTHER'S MAIDEN N	AME			
\$/	W		D. MURRAY		FRETDA	WIDDLE	I	HENTZMÂ	N
Õ.		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDR			
medico	(NO NO OR UNKNOWN) I IF YES, O	217-48	-2357	DOUGLAS L. C	GREGORY SH	ADY S	IDE, MD	
		18. CAUSE OF DEATH (Enter of	only one couse per line for (g), (l	and (c					IMATE INTERVAL ONSET AND DEATH
ven.		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	ALismo	int Mess	AMOMA		7	AND DEATH
offic e		1729	DUE TO, OR AS A CONS	FOLKICEOF					124.
on,	16	Conditions, if ony, which	())	EQUENCEOF				1	
er tro		gove rise to immediate	DUE TO OR AS A CONS	FOURNIER OF	I SEE LEE				
othe	- 6	underlying couse lost	DUE TO, OR AS A CONS	EQUENCE OF					
buriol, ry, or o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIV	EN IN PART 10	0
0 -5 1	ON ON								DEEK ()
à T	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED
Tygiene 18 shows	TIE					YES NO	1	YING CAUSES	OF DEATH?
8 7		21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAV VEAS	21c. HOW INJURY OCCUI				
Hem	ZAL	OR CONTRIBUTING CAUSE OF DE	67077	DAY YEAR					
5	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	A 1711 A 4 4		COUNTY	
	×	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TO	JWN	COUNTY	STATE
morked		220.1 certify that (I) (the bar	tali-ottended the deceased fr	om 19 0	2 19 8	L to 54	AT	19.82	that (I) (ma) last
		sow the deceosed olive o	Sept 14	1982	d that in (my) (pinior	death occurred on the d	ote and hour	ond from the	couses stated
		22b. SIGNATURE	not) view the body ofter death	all	DEGREE			22c DATE	
		Harves !	1 Steent 1		ATTENDING	MEDICAL STA	FF	9/	18/2.
		22d. PHYSICIAN'S NAME IT	OR PRINT)		PHYSICIAN 122e ADDRESS	DIRECTOR PHYSI	IAN	1/	//
MPORTANT		HARVEY V-	T STEINE	ELD	SHADU	side	Md	20	764
¥	73. 5	BURIAL, CREMATION, REMOVA	L 23b DATE	22, NAME OF	EMETERY OR CREMATORY	123d LOCATION	77		
	ZJU E	(SPECIFY)				CITY OR TOWN		COUNTY	STATE
	24 FI	BURTAL UNERAL DIRECTOR	SEPT. 20, 198	2 WASHI	NGTON NATTONA	L WASHINGT			HDE
/81		MAME	ADDR		QL D	2 2 1982	D. REGISTI	Q. Con	s d
	HAL	RDESTY FUNERAL	HUME 12 RIDGEL	Y AVE.	ANN MD	1 2 1002	me		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) OF ESTI-Alberta DOROT 27 1967 DATE OF BIRTH 3. SEX 4. RACE 6. AGE (IN YEARS IF UNDER I YR. IF UNDER 24 HRS 24. DATE LAST BIRTHDAY) PRONOUNCED DEAD YRS 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTS MARRIED NEVER MARRIED Panuland WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY roduction lanager, 13d. INSIDE CITY LIMITS? 13e. STREET_ADDRESS BALTIMORE, MD. 2120 Anne Arunde NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wein ester Ann Lanka 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WITH FOR (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! Same as Above yrob Leonge no PORMATE INTERVAL CAUSE OF DEATH (Enter only one cause pe line for (a), (b), and (a PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUETO, OR AS A CONSE JENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 301 PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES NO D E DEPARTMENT (PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taok charge of the remains described above, held an Autapsy ARYLAND. TO MEL.
EXECUTE THE PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TO ALTIMORE, MARYLAP death resulted fram Homicide Undetermined monner TITLE (SPECIFY SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 982 emeteru CQ. BP. SEP 29 1982 24. FUNERAL DIRECTOR 256 REGISTRANS SIGNATURE **DHMH - 17** (VR A15 ME (5)) Patapsco Ave. 15M 7/77



page 3 er death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTII	FICATE OF DEATH	REG. N	0.	6.39				
1. DECEASED NAME FIRST		MIDDIE		LAST	2a DATE OF DEATH		AY YEAR	2b. HOUR			
Jaunita	Dida	wick	Gu	itberlet	September	25,19	182	8:30 p			
3. SEX	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS			
Female	Whi	te	July	19, 1919 YEAR	63	YRS.	ONTHS DAYS	HOURS MIN.			
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio		WHAT COUNTRY?	8. MARRIE WIDOWI	ED NEVER MARRIED	Anne Aru		OF DEATH	M			
Glen Burnie		HOSPITAL, NURSIN H FACILITY, GIVE STREET, TOUCES TEY		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON F WORKING LIFE)	12b. KIND O	of Business Or lome			
	ME OR OTHER INSTITUTION OUNTY AA	GIVE RESIDENCE BEFORE	N.	13d. INSIDE CITY LIMITS? YES NO X	313 GTOUCE	ster D	rive				
14 FATHER'S NAME FIRST	MIDDLE	LAST .		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS				
John		Didawic	k	GTadys			Kayler	•			
160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	SS	YEL I				
No		214-07-2	406	Albert Gutber	let Husband	, same	as 13	LU - Uy			
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA		line for (0), (b), one	dicti				BETWEEN	MATE INTERVAL ONSET AND DEATH			
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, O	R AS A CONSEQUE	NCE OF	oure 1		ē	2.011				
PART 2 OTHER SIGNIFICA	NT CONDITIONS CO		<u> </u>	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 10	0			
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDIN				
00.000.000.000.00	F DEATH HOUR A.	FINJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)				
OKCONINIBUTING CAUSE OF	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE FA	ARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
220.1 certify that (I) (this h saw the deceased alive above, (I) (we) (did) (di	e on	19	, 01	nd that in (my) (our) opinion (death occurred on the d			that (I) (we) last causes stated			
226. SIGNATURE	Lee	u			MEDICAL STA		27 Se	ept.82			
22d PHYSICIAN'S NAME (T	YPE OR PRINT)	135		22e ADDRESS			01005				
I. Seenivas	san. M. D.			606 Hammonds Lane, Baltimore 21225							

23c. NAME OF CEMETERY OR CREMATORY

Security Process

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

should be detach IMPORTANT.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation
24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, Md.

23b. DATE

27 Sept.82

SEP 27 1982

23d. LOCATION

Catonsville, Balto., Md.

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		Caral de Maria de Santa Caral de Maria de Santa	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
	DECEASED NAME FIRST	MIDDLE	LAST J.	24 DATE OF DEATH MONTH DAY YEAR 26 HOUR
L	SAUI		HABER (ABER	M
3	Male	White	oct. 27, 192	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 FANT IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70	BIRTHPLACE STATE OR FORFIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY OF DEATH
	Pennsylvania	U.S.A.	WIDOWED DIVORCED	Anno Arindol Co
10	Glen Burnie		sing home or other institution del Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Pressman 12b. KIND OF BUSINESS OR INDUSTRY Printing
i	-4		YES NO X	704 Dorol Court 21144
14	FATHER'S NAME PRIST David	MIDDLF LAST Hab	er Bessie	MIDDLE
16		VE WAR OR DATES!		Wife ADDRESS Same as 13 th M. Haþer
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	DUENCE OF	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
MOLTA DISTRIBUTION	L HRUNG	OSTCOMICE		200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES
			DAY YEAR 19	URRED (FINITE NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, FTC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
	sow the description	attended the deceased fram	7 5 2, and that in (my) (our) opinion	on death occurred an the date and hour and from the causes stated
	22b. SIGNATURE	fell mis	DEGREE	MEDICAL STAFF 22. DATE SIGNED 26 SEPT 82
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	
	GUSTAV	C VOIGT n	D Baltimor	e City Hospitals, Balto., Md.
23	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If Item 21 is

24 FUNERAL DIRECTOR
SINGLETON FUNERAL HOME, GLEN BURNIE, MD

Buria1

Sep. 29,82 Md Vet. Cem.

Crownsville 8 1982 STRAP 256 FEGISTRAP'S SONA COM

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ple medical pasters,	egulishin /	Chi FRIDY 2	V-XX-17

		FOR			DEPARTMENT OF					2 2	3 8	Jung
(849)		STATE REGISTRAR		MI	EDICAL EXAMI	NER'S C	ERTIFICATE	OF DEAT	TH RE	G. NO.	0 0	-
		CEASED NAME	FIRST		MIDDLE		LAST	20	DATE KNOV	HTHOM DIAN	DAY YEAR	26. HOUR
100	(TYP	E OR PRINT)	Athea	Mar	ie			S. 1	OF ESTI		0.00-	
E SESSE	T CEV			5. DATE OF BIRTH			rston IDER I YR. IF UNDER	D 24 HDC 2		MONTH	0-829	2d HOUR
FDE 5K	1. SEX		lack	MONTH DAY	YEAR LAST BIRTH	DAY) MONTH			RONOUNCED	9 -10	-82	12:50
8255g			Tack		30,1964 18	RS.			DEAD		19	R
CESSARY, PLEASH NEBAL DIRECTOR FOR YOUR FILES WITHIN 72 HOURS RRESTON STREET	7a. BI	RTHPLACE (STATE OR		76 CITIZEN OF V	VHAT COUNTRY?	8 MARRI	ED NEVER MARE	RIED 🔯 9	BALTIMORE	ITY OR COUN	TY OF DEATH	
		New York		USA		WIDOW			nne Aru	ndel Co	ounty	MD.
SE SE SE	10, CI	TY OR TOWN OF DE	ATH	11. NAME OF HO	SPITAL, NURSING HOA	AE, OR OTH	ER INSTITUTION	12e. USUA	L OCCUPATIO	N (TYPE OF WORK	12b. KIND OF B	USINESS
記記	F	t. Meade			FACILITY, GIVE STREET ADDRESS			FOR MC	stude:	nt	OR INDUS	IKT
T COOR	USUA	L RESIDENCE (IF IN N	URSING HOME OF		GIVE RESIDENCE BEFORE ADMIS						1	
RETAIL	13a. S	TATE Md	13b COUNT	ΓY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREE	TADDRESS	17 . 1		
	_		I Anne	Arunae	elCrofton		YES X NO		New I	vinaso	r Ct.	
in 1	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAID	DEN NAME	MIDDLE		LAST	
2006	1	James		W. H	Hairston		Alma	Lee	Johnso	on		
DIVISION	16a. V	VAS DECEASED EVER	R IN U.S. ARM	AED FORCES? WAR OR DATES)	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADI	DRESS Ct.	Croft	on, Md
1	,,,	no	(IF 1ES, GIVE V	- OR DATES)	467-49-3	3573	Alma L.	Hair	ston	1679	New Wi	ndsor
			TH (Enter only	v one couse per lir	ne far (a), (b), and (c),)		, agains and	*****	~ ~ ~ ~ ~		APPROXIMA	TE INTERVAL
		PART I DEATH V	WAS CAUSED	BY:		ombol	;				BETWEEN ONS	ET AND DEATH
HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.		514	HAMEDIAT	E CAUSE (a)	Pulmonary PR AS A CONSEQUENCE							
MA H		Canditians, if	any, which	DOE 10, 0	AS A CONSEQUENCE	. Or						
Z Z Z		gave rise to	immediate	(b)							-	
Ö		cause (a) statin		DUE TO, O	R AS A CONSEQUENCE	OF						
		7	-	(c)								
5		PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TE	RMINAL DISEASE	E OR CONDITION GIVEN IN P	ART 1 (a).				
	CERTIFICATION	The last										
	1 ×	190. DATE OF OPER	ATION	19b. CONE	ITION FOR WHICH OP	ERATION W	'AS PERFORMED?				20 AUTOPS	(?
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2	MEDICAL	214 INJURY OCCU			M. 19 OF INJURY (ATHOME.	216 10	CATION	-				
	ME				CTORY, FARM, ETC.]		STREET		CITY OR TOWN	C	YTHUC	STATE
		AT WORK AT	WORK				All I					
		22a. I certify that	t I took charai	e of the remains d	escribed abave, held an	Autap	sy X, Inspection	an .	Inquiry .	and in my o	pinion	
		death resulted fra		al causes X		Suicide	, Hamicide .		mined manner			
		Geam resuited fra	A	A COUSES WALL	Acetoein .	Juicide L		Ondelei	mines mainter			
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j -	1	SIGNATURE	MATIN	Luca M	C Prince	M	.D. Assistan	MEDIC	CAL EXAMINER	SIGN	ED 3 11 1 C	12
3		EXAMINER'S NAMI	E 14		A Komali	MD	111	Penn	Street			
N.		(TYPE OR PRINT)	Ma		A. Korell,		ADDRESS					
BALTIMORE, MARY	23a. B	URIAL, CREMATION,			23c. NAME OF C	EMETERY O	OR CREMATORY	23d. LOC	bany,	co	UNTY	STATE
		Burial		9-16-82	2 Everg	reen	Cemeter	. Al	lbany,	New Y	ork	
	24 F	UNERAL DIRECTOR	Marsh	all's	Funeral H	ome	Cemeton 256 DATE	REC'D. BY	REGISTRAR TO	REGISTRAR'S	SIGNATURE	
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COV L	emale	White	S. DATE OF BIRTH MONTH DAY Apr. 29.1	982	0 YRS.	UNDER 1 YR.	HOURS	MIN. PRO	DATE DNOUNCED DEAD	9-	11-82,	1	2d. HOUR 12:37
100	FOREIGN COUNTRY MAY	yland	U. S.	A.	WID	OWED L	DIVORC	ED U	Anne Ar	undel	County	/	MD.
39	Glen Bur	nie /	11. NAME OF HOSP (IF NOT IN SUCH FACE NOR Th Ar DR OTHER INSTITUTION, GIVE	ility, give stri unde l	Hospita		TUTION	None	OCCUPATION TOF WORKING LIFE	ant	Non	DUSTRY	INESS
35 3	state	Ahne A	rundel,	Glen	Burnie	YEXX			ADDRESS Hylen (Ct. Gl	en Bur	nie,	Md.
340	Jerry	DEVER IN U.S. AR/	MDDIE		mond AL SECURITY NO.	15. MOTH	2	EN NAME	Eller	1	Ada	ms	
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AEDICAL CERTIFICATION	gave ris cause (a) lying cau	ns, if any, which the to immediate stating the <u>under</u> - se last.	DUE TO, OR	AS A CONS	EQUENCE OF								
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	death results		ge af the remains desc ral causes ,	Accident [, held an Au	TITLE	Inspection nicide , (SPECIFY)	Undeterm	Inquiry [], ined manner [and in my , DAT	apinian TE 9-12	2-82	
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Huntingtown,

STATE OF MARYLAND

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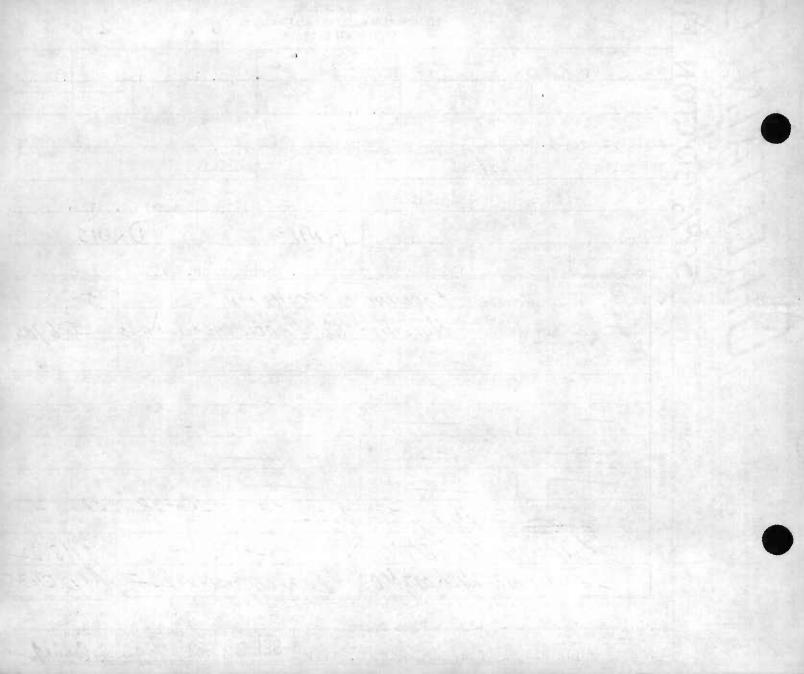
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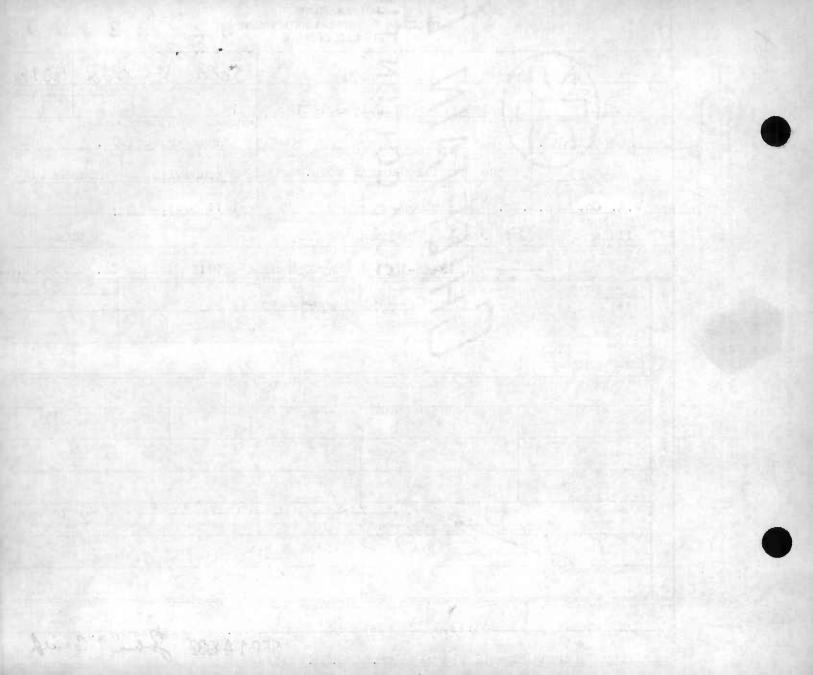
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

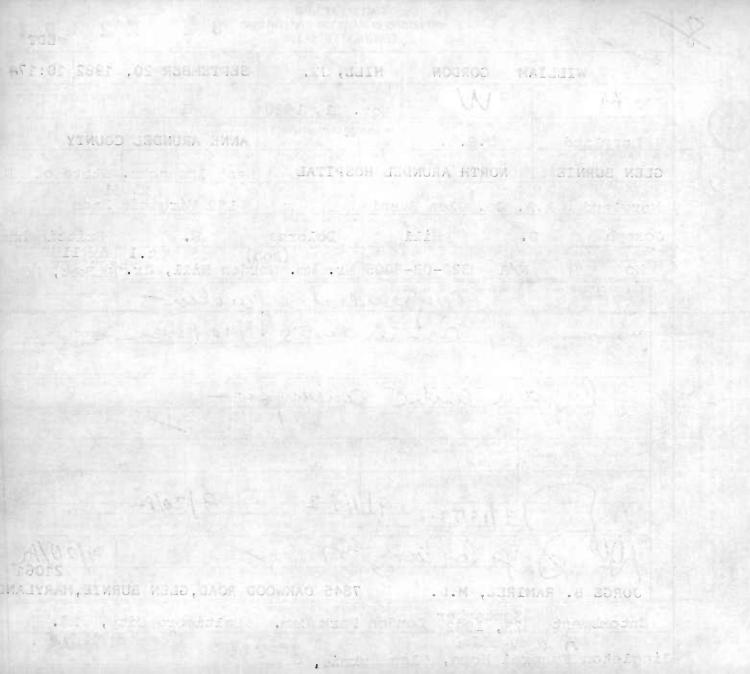


		STATE REGISTRAR			CERTIFICATE OF DEATH	050	10		
		CEASED NAME (1851	M.I	100	1401	REG. I		AL YEAR	IN HOUR
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31	Tr. II	IRTHPLACE (STATE OF TOREGO	AL CITIZEN OF W	HAT COUNTRY?	MARRIED TO NEVER MARRIED	9 BALTIMORE CITY	A STATE OF THE PARTY OF THE PAR		
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120	JA F	William	Jefferso	on Tho	mpson Mary	NAME		Mate	chen
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1/		no -		213-22-1	391 Raymond H	lenk 1011 N	Madison	Ct. Ea	astport
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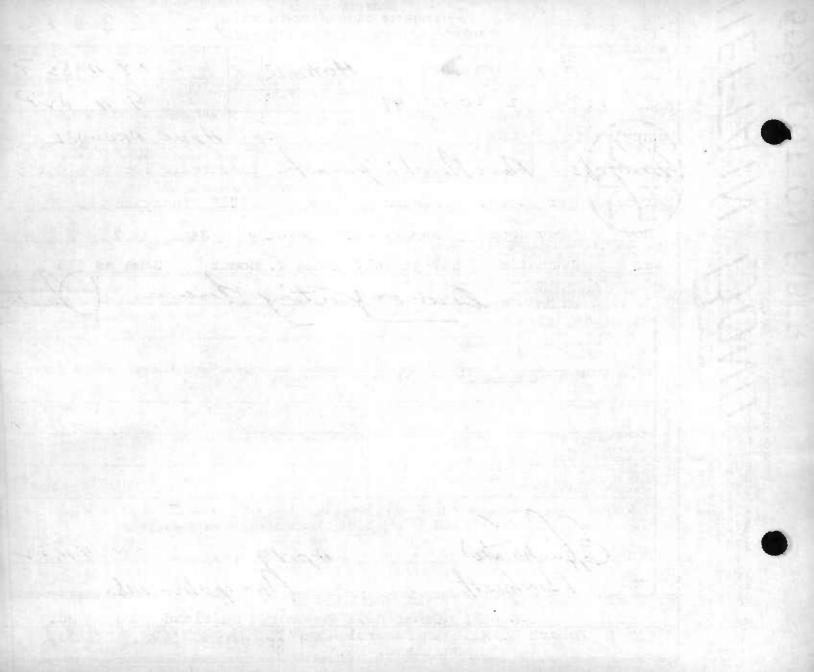


Singleton Funeral Home, Glen Burnie Md

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN STYPE OR PRINT ESTI-Davenport DEATH MATED 4. RACE AGE IN YEARS IF UNDER 1 IF UNDER 24 HRS DATE 2035 DEAD Male TH BIRTHPLACE INTATEOR NEVER MARRIED POWERDIN COUNTRY! ennsylvania USA WIDOWED DIVORCED IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OF INDUSTRY Electronic Tech U S Gov't THE COUNTY HE CITY OF TOWN THE INSIDE CITY COMITS? 13e STREET ADDRESS Clinton George YES SE NO. 9815 Piscataway Road 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Rov Davenport Homer, Jr. Dorothy Jane IAL WAS DECEASED EVER IN U.S. ARMED FORCEST ADDRESS Yes Peacetime 44 7617 Emma J. Homer Same as #13 CAUSE OF DEATH (Enter only one course per line for in PART I DEATH WAS CAUSED BY DUE TO: OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO: OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURIA YES [NO. BE D TO THE SHOULD B 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 220 I certify that I taak charge of the remains described above, held an Inspection Autapsy death resulted fra Hamicide Undetermined manner TITLE (SPECIF DATE SIGNED FILL & 2 ACTUAL AFTER DEATH, BALTIMORE, M SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY STATE 14Sept82 Cedar Hill Cemetery Suitland PG Burial Md. 74 FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 250 DATE REC'D. BY REGISTRAR Suitland. Md. SEP 201982 SV. REGISTRAR'S SIGNATURE **DHMH-17** Suitland, Md. (VR A15 ME (5)) 15M 2/80



4	Vi.	FOR - STATE REGISTRAR	DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	rgiene 8 2	2 2	3 9 3 E.D.T.
and !		CEASED NAME FIRST	WIDDLE		LAST	2a. DATE OF DEATH		12. 11. OOK A
CK/A		DORO	THY	JEN	WKINS	SEPTEMBER	28, 1982	2:20
FIAT	3. SE	X	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YE	
Provide Co.	F	EMALE	WHITE	12		81	YRS.	YS HOURS MIN.
out of		IRTHPLACE (STATE OR FOREIGN COUNTRY) EORGIA	76. CITIZEN OF WHAT COU	MARRII WIDOW	ED NEVER MARRIED	_	NDEL COUNTY	
\$4		GLEN BURNIE	11. NAME OF HOSPITAL, I UENOT IN SUCH FACILITY, GIN NORTH ARUNI	NURSING HOME VE STREET ADDRESS	OR OTHER INSTITUTION	128. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		D OF BUSINESS OR RY
er must be	13a.	AL RESIDENCE (IF NURSING HOMSO STATE TO THE TOTAL AND	NTY I3c. CITY C		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS. UNKNOW	NN	
Je Die Ze	14 F	ATHER'S NAME UNKN OWN	WIDDLE	AST	15. MOTHER'S MAIDEN N	UNKN OWN		LAST
Pages 1		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	04-1788	17. INFORMANT CROWNSVILLE	ADDRI	Crownsvil	le, Md.
signed by the after hen please remave to burial, cremotion ilury, ar other troum	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION		T NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART	1(a·
t permit.	CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	DN WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINITING CAUS	
buriol-transi Mentol Hyg rr frem 18 sh	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	TH DAY YEAR		IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2	?)
os the both ond M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM ETC)	211. LOCATION STREET	CITY OR TO	OMN CONNIA	STATE
for use of Heal		22a. I certify that (I) (this hosp sow the deceosed alive a abave, (I) (we) (did) (did no		19 X 7 .	and that in (my) (our) opinio	n deoth accurred on the d	ate and hour ond from t	_, that (II (we) last the causes stoted
AL DIRE		226. SIGNATURE	~(~)	1	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF	ATE SIGNED
should be deto with the State		224 PHYSICIAN'S NAME (TYPE HAMID TOWHID)			3236 MOUNTA	IN ROAD	27	
= ÷ 3 ≥ 	23o.	BURIAL, CREMATION, REMOVAL	. 23b DATE	23c. NAME OF	CEMETERY OR CREMATORY	The state of the last of the state of the st	COUNTY	STATE
		RENATION	9-29-1982	GREENM	ONT CREMATOR		Mo	
16 50M 4/82	24. F	UNERAL DIRECTOR An	napolis, Md.	DORESS		ÀTE REC'D. BY REGISTRAR	GISTRAR'S SIGN	TURE
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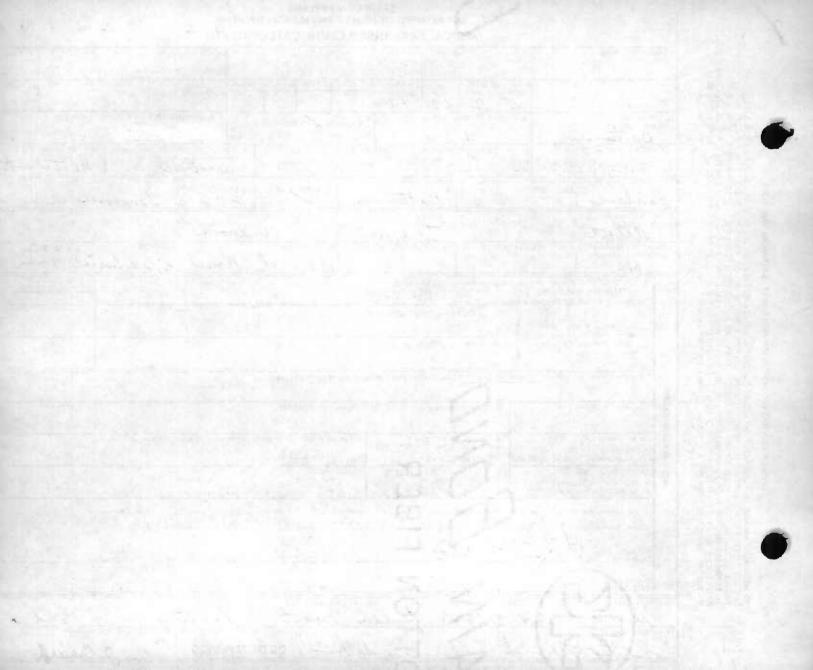
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	1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 2b. HOUR
be 3		E OR PRINT) MARY	(NMI)	JORDAN	SEPT IL	+ 1982 1:35 Am
may be r. page	3 SE	×CC E	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
recto	_	FEMALE	CAMCASIAN	JUNE 8 1910	72 YRS	
orth. P. 72 ho	P	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNT	J) F L
er der	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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ficate paper naval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), ar	ADIC COLON CA	RCINOMA	BETWEEN ONSET AND DEATH
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ATTE aspita ECTO d for t. of th			w) view the bady after death.		death occurred an the date and ha	
the has I DIRECTORED I DIRECTOR		PANS M	vale 1 Mr	DEGREE ATTENDING	MEDICAL STAFF	SEPT 14, 198
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etoined by TO FUNERA should be d with the Sta		JAMES	M BLAKE	JR. 2510 RII	JA KOAD AN	1NAPOLI) 2140
		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		rial transit	Sept 16 1982 0	ak Grove Cemetery	Morgantown	West Virginia
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME HOPE	ADDRESS ADDRESS	Anna Md 250 S	P 1 6 1982 70	hing tohing

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			REGISTRAR CEASED NAME	FIRST	7411	MIDGLE	EXAMIII	LAS			a. DATE KN	REG. NO.	ONTH DAY	YEAR	2b. HOUR
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	A HANGE	7	SIGNATURE	VA		000		M.D.	Assista	MEDIC	CAL EXAMIN	IER	SIGNED	3/23	7702
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	2000	EXAMINER'S (TYPE OR PRIN	NAME Horn	nez R. Gu	ard, MD		AD	DRESS_111	Penn	Street	,Balto	.,MD	21201	4
ann	1	230.B	PEGFY)	-	23b. DATE 9/3//		NAME OF CE.	METERY OR C	REMATORY	23d. LOC	CATION		COUNTY	STA	ATE
1170	/ BP	24. F	UNERAL DIREC		7/ 30/2	-	DIN	m . 1.	250. DA1	TE REC'D. BY	REGISTRAR	25b. REGISTR	AR'S SIGNA	TURE	7
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLELOS DECEASED NAME LaChance 2a. DATE KNOMN X MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Nancy LaChane e 9 191982 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 12 6 43 19 1982 38 DEAD White Eemale YRS a. M BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland DIVORCED XX Anne Arundel County. U.S.A. WIDOWED D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS American Hosp Annapolis Anne Arundel General Hospital Coordinator SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION MAL COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 8767 Town & Country BLvd Howard Ellicott City YES NO D Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Gordon MIDDLE MIDDLE Edward Clark, Sr. Dorothy A. Katzenberger WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT AUS549 Braxfield Road No Mr. Gordon E. Clark Arbutus, Md. 21227 214-44-0340 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thoraco-abdominal injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES XX NO [OR: PAGE 3 SHOULD BE THE STATE DEPARTMENT 21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 216. TIME OF INJURY (MICHT HOUR XX. MONTH DAY UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 12:00 x driver in auto/fixed object impact 19 19 82 21d INJURY OCCURRED 21e PLACE OF INJURY LAT HOME EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAT DIRECTOR, PAGE 35 AFTER DEATH, WITH THE STATE DEBALTIMORE, MARYLEMD, 2/201 PF STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 2 near Arnold. Anne Arundel Co., Md. road Autopsy XX 22a. I certify that I taok charge af the remains described above, held an Inspection Natural couses Suicide Homicide Undetermined manner TITLE (SPECIFY) DATE 9-20-82 Assistant Dennis F. Smyth. III Penn Street EXAMINER'S NAME M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATOR' 23d. LOCATION STATE COUNTY New Cathedral Cemetery | Baltimore | 250 DATE REC'D. BY REGISTRAR | 250 DECISTRAR'S SIGNATURE Burial BP. Md 24 FUNERAL DIRECTOR P.A. **DHMH - 17** ADDRESS (VR A15 ME (5)) 1630 Edmondson Avenue, Catonsville, Md. 21228

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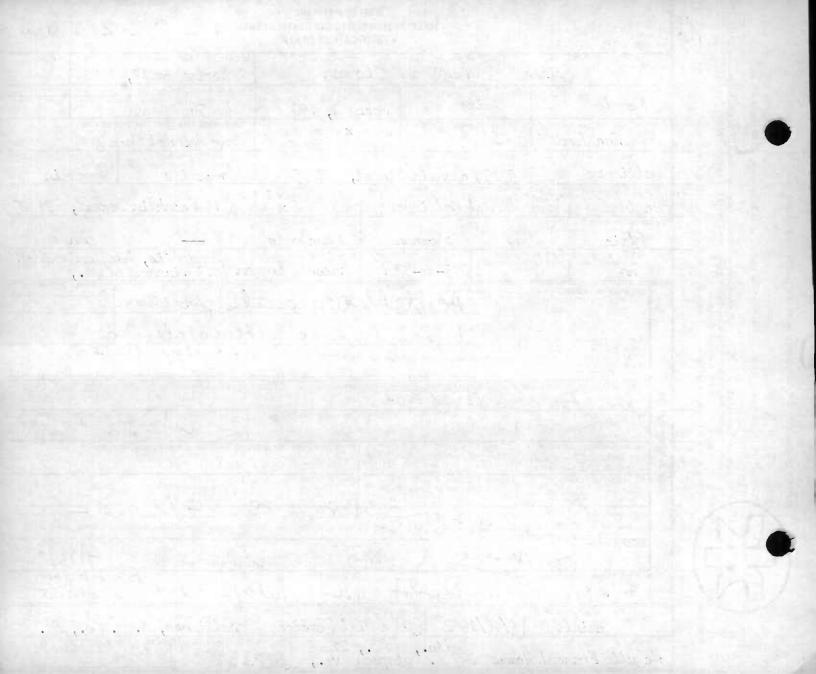
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OD CONTRIBUTION OF CA	AUSE OF DEATH HOUR A.M. MONTH	H DAY YEAR		(ENTER NATURE OF INJURY IN ITEM 18	B PART I OR PART 2)
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sow the deceased above, (1) (we) (dia	d olive on	_19			
Char	les W. Kinze ME ITYPE OR PRINT)	V	ATTENDING PHYSICIAN	MEDICAL STAFF IRECTOR PHYSICIAN	9-13-8 2
BURIAL, CREMATION, RI	REMOVAL 23b. DATE	23c. NAME OF CEMETE	BY OR CREMATORY	23d LOCATION	Mounts Mix
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for page	3. SEX		_	RACE Whis		5 DATE C	F BIRTH		IN YEARS LAST BIRTHDA			IF UNDER 24 HRS
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equires that the death certificate in signed by the attending physici. Then please remove carbon paper to burial, cremation, or removal, injury, or other traumatic event, the		Conditions, if ony gove rise to im- couse (a), station underlying couse	mediate ng the	DUE TO, O	R AS A CONSE	QUENCE OF	Caselio	ras	cular	dist	an	
equires the signed Then ples to burio injury, or	NO	PARTE OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DIS	EASE OR CONDIT	ION GIVEN IN	PART 1(a)	
bee bee	CERTIFICATION	19a. DATE OF OPERA	TION	196. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a. A		DE IF YES, WER N CERTIFYING YES []	E FINDING CAUSES C	SS USED OF DEATH? NO []
PHYSICIAN: The lo ending physicion. this certificate has the burial-transit per a Mental Hygiene, d or Item 18 shows		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT	H	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENT	ER NATURE OF INJURY IN	ITEM 18, PART 1 OF	R PART 2)	
TTENDING PHYSICIAN; The k pital or attending physicion. TOR: After this certificate has for use as the burial-transit per of Health and Mental Hysions 21 is marked or Item I8 shows	MEDICAL	21d. INJURY OCCUR WHILE NOT W AT WORK AT WORK	HILE [OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	21f. LOCATION STREET	00	CITY OR TOWN	co	UNTY	STATE
R ATTENDIN haspital ar RECTOR: Af hed far use a ept. af Health tem 21 is ma		22a.1 certify that (I) sow the decease above, (I) (we) (ed alive on_	9	18		nd that in (my) (our) apin	ion death ac	curred on the date	ond hour and		not (I). (we) lost ouses stated
0 9 0 80 4		226. SIGNATURE	AM	Mod	9	M	DEGREE ATTENDING PHYSICIAN	MEDIO DIREC	CAL STAFF TOR PHYSICIAL		9 1	3/82
HOSPII ined b ind be old be ORTAN		SURY F	AME (TYPE OF	PRINTT M	UND	PA	203 E Po	tap	Sio An	Bal	212	25
BP	23a. E	URIAL CREMATION BURIO	1	236. DATE 9/16/			emetery or cremator	B	ocation city or town attimore,	A. A.	(0.,	M. STATE
DHMH - 16 25M (VR A 15 (4)) 9/74	24. FU	INERAL DIRECTOR NAME ULLY FW	renal i	Homes	Baltons	Patapso	, 2/22)	EP15	BY REGISTRAR 251	REGISTRAR'S	SIGNATU	RELA



18		FOR - STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	IENE 8 2		2 4	0 4
8 mg		CEASED NAME FIRST FRANCI	S Paul		AKOWSKI	20 DATE OF DEATH			26. HOUR 0700am
ded a	3. SE		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	/	UNDER I YEAR	IF UNDER 24 HRS
0		MALE	CAU	May	H DAY YEAR	78		NIHS DAYS	HOURS MIN.
	We	bster, MASS.	76 CITIZEN OF WHAT COUNTRY?	WIDOWI		9 BALTIMORE CITY O ANNE ARU	_		MD
21	FI	MEADE, MD.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET KIMBROUGH ARMY	COMMI		12a. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF TRED	F WORKING LIFE)	12b. KIND OI INDUSTRY	F BUSINESS OR
35		AL RESIDENCE (IF NURSING HOME OF STATE RYLAND TIN	other institution, give residence before the company of the compan		YES K NO	13e. STREET ADDRESS 807 Green	hill A	venue.	Laurel Md•
mpletely and 2.		John	Makowsł	d.	Josephine	MIDDLE	K	ryszto	fiak
or execu-	160 V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) Yes Ret.	E WAR OR DATES)		Wife - Genev	ADDRE ieve Makows	ss 807	Green	hill Av
equires that the death certificate in signed by the attending physics. Then please remove carbon paper it burial, cremation, ar removal. injury, or other traumotic event, th	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DBY: E CAUSE (D) CARDIO—PL DUE TO, OR AS A CONSEQUI (D) PANCREAT DUE TO, OR AS A CONSEQUI (c) ONDITIONS CONTRIBUTING TO I	ENCE OF ENCE OF		nal disease or cone	DITION GIVEN	3 mo	mate mierval unsel and death onths
The law ricion. The has beensit permit. Green prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES (VERE FINDIN	GS USED OF DEATH?
YSICIAN: ding physic s certificat ourial-trans Wental Hyg	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 214. INJURY OCCURRED		AY YEAR	216 HOW INJURY OCCURRE	D (ENTER NATURE OF NJUR	Y IN ITEM 18 PART	T OR PART 2)	
of the kith and /	WEI	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TOV	WN	COUNTY	STATE
DR ATTENDII haspital or IRECTOR: A hed for use ept. of Healt frem 21 is mo		saw the deceased alive on	ol) ottended the deceased from	25 A	od that in (my) (our) opinion de	to 295E1	fe and hour a	nd from the c	
0 0 0 0 5		22d. PHYSICIAN'S NAME	yay/us of go	arlu	ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAF	IAN []	1395	482
TO HOSPITAL retained by the TO FUNERAL should be deti with the State IMPORTANT:		Rafael J. Ig	artua, M. D.		KIMBROUGH ARM	MY HOSPITAL	, FT M	EADE,	MD.
GBP	(URIAL, CREMATION, REMOVAL SPECIFY Burial	236. DATE OCT. 1. 1.9	82 Ar	emetery or crematory lington Nation			Wirgin	
PHMH-16 50M 1/81 (VRA 15, 4)		naldson Funeral	Home Laure	. Md.	1 41315 4	RECD. BY REGISTRAR	256 REGISTRA	R'S SIGNATA	mel

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S NAME FIRST ATTY ECEASED EVER IN U.S. AR OR UNKNOWN) S AUSE OF DEATH (Enter an ART I. DEATH WAS CAUSE [MMEDIA] ditions, if any, which	76. CITIZEN OF WHAT COUNTY USA 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE ANNE OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE ANNE OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE ANA A. CO. Gai MIDDLE LAS MED FORCES? (EWAR OR DATES) WITH 166 SOCIAL 214—	MARRIED WIDOWED JURSING HOME OR E STREET ADDRESS) ndel Gene E BEFORE ADMISSION) R TOWN Mbrilss Marquess L SECURITY NO. 14-1062	FBIRTH DAY NEVER MARRIED DIVORCED ROTHER INSTITUTION PROTHER: NO. 13d. INSIDE CITY LIMITS: YES NO. YES NO. 15 MOTHER: S. MAIDEN FIRST E11a 17. INFORMANT	6. AGE (IN YEARS LAST BIRTH 7. BALTIMORE CITY OR 9. BALTIMORE CITY OR 17. DAY OF THE STAND CITY O	YRS. COUNTY OF DEATH Pundel Co. M IZE. KIND OF BUSINESS O WORKING LIFE) INDUSTRY Balt. Sun LAST Marcellu S
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S NAME FIRST ATTY ECEASED EVER IN U.S. AR OR UNKNOWN) (IF YES GIV AUSE OF DEATH LENter an ART I. DEATH WAS CAUSE (III) (II	MIDDLE LAS IMED FORCES? 166 SOCIAL 214— Ally ane cause per line for jol, (in the cause per line for jol), (in the cause per line f	Marquess L SECURITY NO. 14-1062	S Ella 17. INFORMANT Joan M. N 21054	NAME MIDDLE ADDRES	Marcellu s
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ART I. DEATH WAS CAUSE 629 MMEDIAT ditions, if any, which	nly ane cause per line for (a), (i) BY: TE CAUSE (a) DUE TO, OR AS A CONS	(b), and (c).)	21054	ar quess o lo a	
e rise to immediate se (a), stating the erlying cause lost.	DUE TO, OR AS A CONS		NOT RELATED TO THE TE	rminal disease or condi	ITION GIVEN IN PART I (a
ATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
ACCIDENT WAS UNDERLYING DONTRIBUTING CAUSE OF DEA SITHER NOTIFY MEDICAL EXAMINER NJURY OCCURRED	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	H DAY YEAR	21c. HOW INJURY OCC 211. LOCATION STREET	URRED (ENTER NATURE OF INJURY	IN ITEM 18, PART I OR PART 2)
certify that (1) (this hospi aw the deceosed olive on above, (1) (we) (did) (did na	ital) ottended the deceased f	from, and		, to an death accurred on the date	
IONATURE	oldster		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA	224. DATE SIGNED
-	NJURY OCCURRED NOT WHILE AT WORK Ret WORK certify that (I) (this hosping the deceased olive on bove, (I) (we) (did) (did not bove, (I) (we) (did) (JURY OCCURRED 21e. PLACE OF INJURY LAT HOME STREET FACTORY. (AT WORK certify that (1) (this hospital) ottended the deceased we the deceosed olive on bove, (1) (we) (did) (did not view the body after death.	VIURY OCCURRED Step	ATTENDING VIURY OCCURRED 11e. PLACE OF INJURY (1al HOME STREET FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET AND IN COLUMN STREET AND IN COLUMN STREET AND IN COLUMN STREET AND IN COLUMN STREET 21l. LOCATION STREET 21l. LOCATION STREET 21l. LOCATION STREET 21l. LOCATION STREET AND IN COLUMN STREET AND I	STURY OCCURRED 21e. PLACE OF INJURY 11 LOCATION STREET CITY OR TOWN

9/11/82

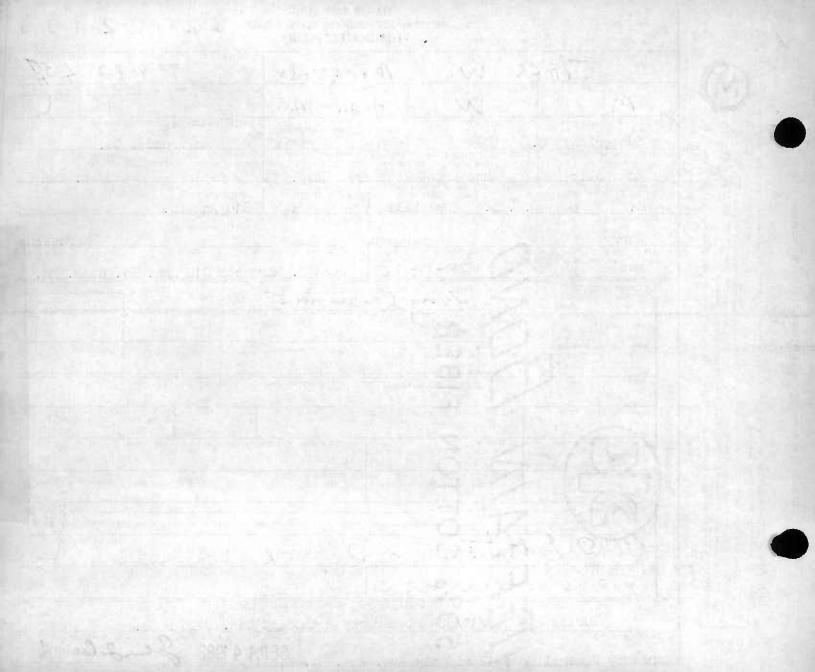
Mt Harmony Methodist Cem. Cwings

Burial

24 FUNERAL DIRECTOR

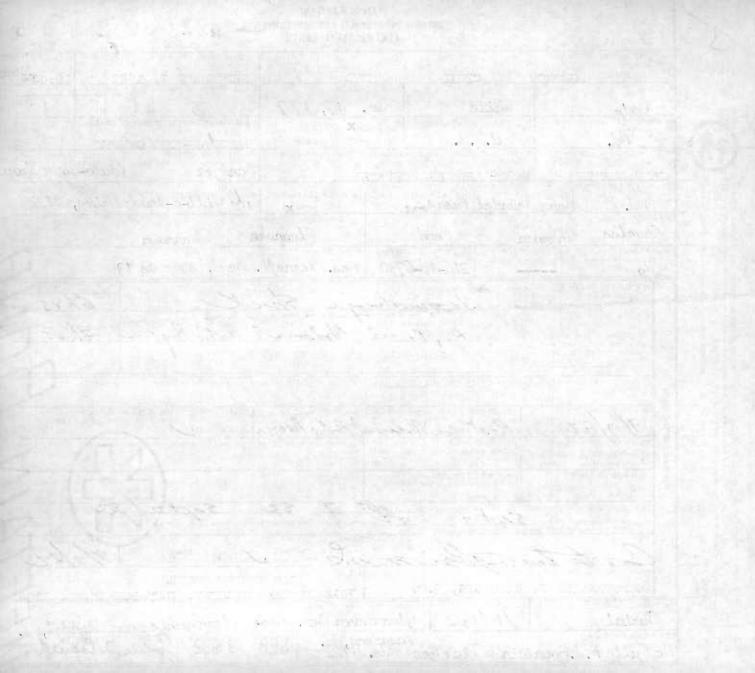
DHMH - 16 50M 1/B1 (VRA 15, 4)

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						STAT	E OF MARYLAND				
	1-	FOR STATE			DEPART		HEALTH AND MENT		ENE 8 2 2	2	406
	1 DE	REGISTRAR CEASED NAME	FIRST		AIDDLE		AST		REG. NO. 20. DATE OF DEATH MONTH DA	Y YEAR	EDT
		OR PRINT)							ZU. DATE OF DEATH MONTH DA	ILAR	2b HOUR ∆M
	3. SE		GEORGE	I RACE	YRIL	5. DATE (EYD		SEPTEMBER 7, 198	32 UNDER I YEAR	10:00 M
4	0.02	M .		White		MONT	H DAY Y	EAR		NIHS DAYS	HOURS MIN.
20	7a BI	RTHPLACE (STATE OR	FOREIGN 2		VHAT COUNTRY?	Hug	. 17, 19	-	9. BALTIMORE CITY OR COUNTY O	NE DE ATH	
P		COUNTRY) Md.		U.S	A.	MARRIE	D MEVER MARRI	IED '	ANNE ARUNDEL COL		MD.
4	1	ITY OR TOWN OF DE		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTI	ON	12a USUAL OCCUPATION (IMPE OF WORK FOR MOST OF WORKING LIFE)	12h KIND O	Body Shor
1	JSU	AL RESIDENCE (IF NUR	SING HOME OR C	NORTH A	RUNDEL H	OSPIT	AL		managen	1.00-	Jour Stop
5	13a S	Md.	136 COUNT		Pasadone		13d INSIDE CITY LIV	MITS?	101 WILL-O-Brook	Drive	2,21122
13	11	THER'S NAME		NODLE	A. LAST A		15 MOTHER'S MAIL	DEN NAM	E	LAS	
4	(harles	Unknow		Meyd		Ele	eanor	e Unknown	LAS	
1	16a V	VAS DECEASED EVER		NED FORCES?	166 SOCIAL SECU		17 INFORMANT	1/	ADDRESS	1157	
		No			216-10-6	5730	Mrs. Ine	ne V.	Meyd, same as 1	3	
		18 CAUSE OF DEAT	H (Enter anly	one cause per	line for (a), (b), an	d IC1.1		1	1.3	BETWEEN	MATE MITERVAL CRISET AND DEATH
		PART I. DEATH W	IMMEDIATE		Heme	when	500 5	Show	ck -	6	hv5
		4413		DUE TO, OF	AS A CONSEQUI	ENCE OF	/ 11 .				,
		Canditians, if ony		(b)	Rupto	ved	Abden	zal	Hote Hysn	8	LV5
		gave rise to immor cause (o), stotin	ng Ihe	DUE TO, OF	AS A CONSEQUE	NCE OF			/		TO SEE
	- 2	underlying cause	last.	((c)							
	NO	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CONDITION GIVEN	IN PART I	a,
	ΑT	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED)	20a AUTOPSY? 20b. IF YES, V	WERE FINDIN	AGS USED
Je.	IF	9/7/87	7	Rust	Pres Al	Sanin	Atin h	geson.	YES NOT YES	NG CAUSES	OF DEATH?
	CERTIFIC	21a. ACCIDENT WAS UNI	DERLYING []	21b. TIME OF		10-17-0	21c. HOW INJURY	OCCURRE		T I OR PART 2)	
1		OR CONTRIBUTING		HOUR A.A	A. MONTH DA	AY YEAR					
	MEDICAL	21d INJURY OCCUR		21e PLACE C	OF INJURY		21f. LOCATION				
	₹	WHILE NOT WE	HILE .	(AT HOME, STRE	ET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
		22a I certify that (I)		al) attended the	deceased from_	500	7 7 19.	82	. to 5007 7 19	82	that (I) (we) last
		saw the decease abave, (I) (we) (a	ed alive an_	view the body	7 19 19	9 7,01	nd that in (my) (our)	opinion de	eath occurred on the date and hour o	nd from the	couses stated
		22b. SIGNATURE			0		DEGREE			22c. DATE	
		mot	-T	0	page.	30.	ATTENI		MEDICAL STAFF DIRECTOR PHYSICIAN	9/-	187)
		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT			22e. ADDRESS			1.//	1-0
		CONSTANT	INE J.	PADUSS	IS, M.D.		7310 RIT		MPIRE TOWERS HIGHWAY GLEN RU	IRNIE_N	MD 21061
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMA		23d. LOCATION	TRIVE -	MD, 21061
	1	Burial		9/10/1	1982 9	len H	aven Mem.	Park	Glen Burnie An	no Anu	indal Mal
	24 FL	INERAL DIRECTOR			T . ADDACC	Pasade	ena.Md.	25 PA 15		AR'S SIGNATI	URE
	Mc	(ully F.H	.Moun	tain & i	ick Nec	Rds.	21122	SEL	3 1302 John	- He la	mely



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) William MILES. Sr. 3. SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Male May 24. 1905 Cauc. To BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash. . D.C. Anne Arundel DIVORCED CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Crofton Carlyle Drive. Apt. ield Supervisor 6-C D.C. Gov A.A. Crofton 131670 Carlyle Drive Mary land YES 7 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Miles Henry Ella Ford Croftons, Maryland #60 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) 577-26-6471 Clara Mae Miles, 1670 Carlyle Dr.. no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER NOTIFY MEDICAL EXAMPLE) or Item P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY OFFICE FARM, ETC) CITY OR TOWN COUNTY STATE WHILE NOT WHILE T 220 I certify the (this hospital) granded the mused from_ (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS ld b SROKA VILLAGE GREEN 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Suitland, Maryland Cedar Hill Cem. Burial 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S GOLDAN

Home Was

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Bea

16000 Annapolis Rd., Bowie, Md.

Hale Cuc. New 24, 1909 Wesh., D.C. U.S.A. II LL Commo Amne Come col Crofton 1670 Carlyle Drive, Not. 6-C Field Sunchvisor T.C. Covid Maryland A.A. Crofton - - 1670 Carlyla Drive Henry Miles Ella לרחונרה, שבריו אי בעל no ... --- 677-26-6471 Clara M.c Miles, 1670 C. 141e Gr., Complete a familie to promise to the state of the Charles and a limit of Burl 1 9/8/1982 | Cerar H. 11 sen. | Substant, Harring Beall Fineral Hone 15000 annagelis let, justife, Me.

AMBROSE FUNERAL HOME 1328 SULPHUR SP. RD. SEP 2 4 1982

(VRA 15, 4)

WILLIAM E. MISKIEL . HALLIN LINTHICON 1101 ASSIEAD STREET - HACHI-IST - MUG. MARYLAND WANT ARUDDEL LINTHICUM X- 1101-ARMSTARD SERRET JOHN B. MISKILL .. ELOISE V. DAKES .. YES MURIOREA TO 1275-12-0618 MURIORIE MISKILL SAME DR. ANTHONY HAMMOND, N. D. . . . ST ASHES HOSPITAN - . . . SURIAL SATIAR MEADOWRIDGE CEME. DERSEY NOURRE PARTLAND AMBROSE PUNERAL HOME 1:28 SULPHUR SP. RD. THE AMBROSE

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3		REGISTRAR		CERTIF	ICATE OF DEA	AIR	REG	3. NO.		
		CEASED NAME FIRST	WIDDLE	ı	AST		20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
	(ITTE	Attilia	M.	M	one			92	7 82	240 pm
	3. SE	-	4. RACE	5 DATE C	OF BIRTH	YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
		temale	White	5	19	14	68	YRS.	DATS	MIN.
1	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	NTRY? 8	D NEVER MAR	PDIED [9 BALTIMORE CI	Y OR COUNT	Y OF DEATH	
2		Penna	U.S.A.	WIDOWE	DIVO	RCED 🗌	AA	Cores	tu	MD.
		ILLIONILLE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		R OTHER INSTITU	NOIT	12a USUAL OCCU		FE) NOUSTRY	OF BUSINESS OR
0		Md	Knollevo	od m	anor		7	role ma	ber	
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	NTY 13c. CITY OF		13d INSIDECITY	LIMITS? 1	13e. STREET ADDR	SS		
2			Arundel Gamb	rills		·*		lver Wa	ay 2	1054
	14 FA	THER'S NAME FIRST	MIDDLE LAS	ST	15. MOTHER'S M.		AE MIDE	LE	LAS	5.7
6		Francis	Collaco		Ce	atheri	ne			Known
		VAS DECEASED FVER IN U.S. AR.	MED FORCES? 16b. SOCIAL	L SECURITY NO.	17. INFORMANT		Al	DORESS Gan	brills	, Md.
		No	218-0	1-6819	Vince	ent G.	Mone 23	316 Silv	rer Way	21054
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for 10	(b), and (c).	• •		0		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
9			TE CAUSE (o)	audi	De Or	Jula	-0			
		4029	DUE TO, OR AS A CON	SEQUENCHOF		0.	01116)		
	15	Conditions, if any, which gove rise to immediate	(p) (p. press	LC GOOP	Last con	wore	CORV			
	DV.	couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF						
4		underlying cause lost	(c)							
	z	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMI	AL DISEASE OR C	ONDITION GIV	EN IN PART III	0
d	CERTIFICATION	TOT DATE OF OPERATION	Mb. CONDITION FOR W	A . COLEANIO	S OF SECOND	100	100000	Look of VE	C WEST FINISH	100.110.5
ŕ	FIC	THE DATE OF OPERATION	M. CONDITION FOR W	VHICH OPERATION	N WAS PERFORM	ED	20a AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	OF DEATH?
4	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21. HOW IN HIS	DV OCCUPE	YES NO	_	S	но 🗌
1		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTE	H DAY YEAR	TIC HOW INJUN	KT OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM TB E	PART I OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M.	19	21f. LOCATION					
1	ME	WHILE NOT WHILE IT	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET		CITY	OR TOWN	COUNTY	STATE
1		AT WORK AT WORK	Note that the latest and the	12	57	. 77	91	79	- 63	
		saw the deceased alive on	9(2')	(2)	d that in (my)	- opinion de	eath occurred on t	ne date and hou		that (we) last
		obove, (1) (we) (did) (did no 22b. SIGNATURE	n) view the body ofter death.		DEGREE.				77L DATE	
		Guld	the U	5	ATTE	ENDING	MEDICAL DIRECTOR PH	STAFF X	9/2	2/50
		224 PHYSICIAM'S NAME (1940	IR PRINTT	13	22± ADDRESS	SICIAN	DIRECTOR PH	TSICIAN	1.0	11
		BRKOLD	-Yullin	MAD	20 K	edpo	y ave	- Ha	-s mg	2140
	23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE	730 NAME OF C	EMETERY OR CREA	MATOR	23d LOCATION	N	4000	
	(Burial	Sep 30 1982	Sacred 1	Heart of	Jesus	Balti		Ma	ryland
		INERAL DIRECTOR	ADE	DRESS	- Indian		REC'D. BY REGIST	RAR 25b. RE CIPT	RAR'S SIGNAT	M. COU
	Le	eonard J. Ruck,	Inc. Baltimo	ore, Mary	yland	S	FL 7 8 18	04 /	-und	- Commy

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detoched to use a with the State Dept. of Health IMPORTANT: If Item 21 is

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		and Serve a Source	
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. NE BL. Prient OFE GBH ELVELD	Vincent C. Ways 151	9158-14-815	
	Gradien and Land		
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Suprand .. mick, Inc. Baldingre, Veryland

10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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3. SEX	OR PRINT)	WIDDLE	ŁAS1			0.		
	Mula		11.	(2a. DATE OF DEATH	MONTH DA		2b HOUR
		Meta		3014		7 11	85	8 pm
		4. RACE	5. DATE OF	BIRTH /	6. AGE (IN YEARS LAST BI		FUNDER I YEAR	HOURS A
	Female	Caucasian	Mar.	20, 1900	82	YRS.		
C	RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	Sh., D.C.	USA 11. NAME OF HOSPITAL, NURSIN	WIDOWED		Anne Arun			
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	THER'S NAME FIRST	Stackemann	1	Katherine	ME MIDDLE B.		Groene	
16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 1	7 INFORMANT	ADDR		ar oerie.	
(YE	res, no or unknown) (IF YES, GIV	(E WAR OR DATES) 2/3-18-3	3797	Virginia M.	Pollock	(same a	as 13e)
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	ENCE OF	s javed	with write and metasta	ses-	N IN PART 1	925-
TIO	IN DATE OF OPERATION	18h CONDITION FOR WHICH						
RTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION '	WAS PERFORMED	20a AUTOPSY? YES □ NO ✓	20b. IF YES, IN CERTIFY YES	WERE FINDIFING CAUSES	NGS USED
MEDICAL CERTIFIC	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IN EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHITE AT WORK AT WORK 22a.1 certify that it (this hosp) sow the declased alive on above, (1) (ye) (did) (did no 22b. SIGNATURE) 22d. PHYS. CIAN'S NAME (TYPE O	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA tol) ottended the deceased from 19 31 view the body offer death.	OPERATION OPERAT	WAS PERFORMED THE HOW INJURY OCCURY THO INJURY OCCURY THO IN (my) (our) opinion of the in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT OF ICE) CITY OR ICE deoth occurred on the december of injudent occurred	20b. IF YES, IN CERTIFY, YES RY IN ITEM 18 PAR One ond hour of	WERE FINDING CAUSES TO THE TOP PART 2) COUNTY	NGS USED OF DEATH? NO STATI
MEDICAL	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IN EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHITE AT WORK AT WORK 22a.1 certify that it (this hosp) sow the declosed alive on above, (1) (ye) (did) (did no 22b. SIGNATURE) 22d. PHYS. CIAN'S NAME (TYPE O	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA tol) ottended the deceased from 3 Toly view the body office deoth. DR PRINT) N - PEELE R	OPERATION OPERATION OF THE PROPERTY OF THE PRO	WAS PERFORMED THE HOW INJURY OCCUR! THOU INJURY OCCUR!	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT OF ICE) CITY OR ICE deoth occurred on the december of injudent occurred	20b. IF YES, IN CERTIFY, YES RY IN ITEM 18 PAR One ond hour of	WERE FINDING CAUSES RET OR PART 2) COUNTY	NGS USED OF DEATH? NO STATI

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician



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Mental Hygiene

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24 FUNERAL DIRECTOR

Singleton Funeral Home, Glen Burnie, Md. SFP

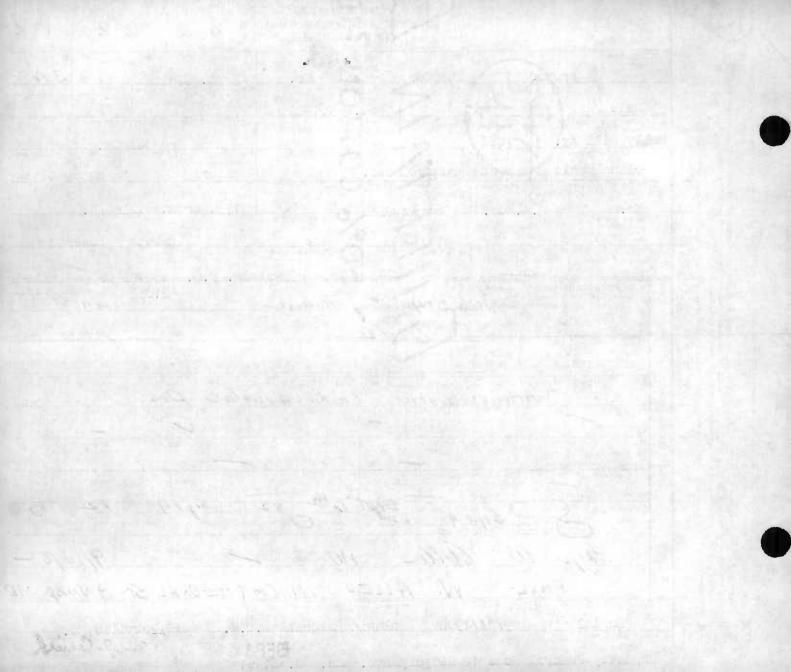
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME LAST 20. DATE OF DEATH FIRST MIDDLE 2h HOUR TYPE OF PRINTS LILLIAN NASH GER TRUDE SEPTEMBER 1982 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS White Female July 3, 1894 88 10. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRYS U.S.A. England WIDOWED DIVORCED ANNE ARUNDEL COUNTY O. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Car (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GLEN BURNTE NORTH ARUNDEL HOSPITAL Operator Dealer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY ANNE 136. CITY OR TOWN 21061 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Glen Burnie 200 Lindsay Dell Maryland Arundel NO X YES | 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Richard MIDDLE Foster MIDDLE Alice Edwards 16b. SOCIAL SECURITY NO. 17. INFORMANT (daughter) ADDRESS 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Same as LYES, NO OR UNKNOWNE (IF YES, GIVE WAR OR DATES) 722-01-7659 Mrs. Verna W. Belmore #13 No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS & CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NO T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the-deceased from. saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obave, (1) (we) (did)/Bid not) view the body/offer death 22b. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS RITCHIE HIGHWAY SOUTHEAST MAX FRANK, M.D. CLEM DIDNIE 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY September (SPECIFY) Buria1 Ft. Lincoln Cem. Brentwood Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/B2 (VRA 15, 4)

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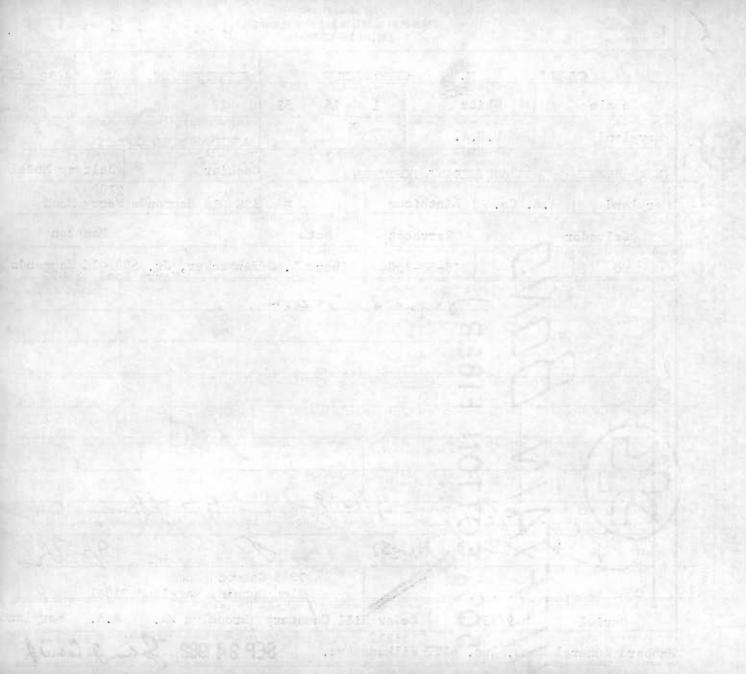
8		1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 4 1 CERTIFICATE OF DEATH REG. NO.	3
			100 010	4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER LYEAR MONTHS DAYS HOURS	BOPM
•	er death. Page within 72 hours		TY OR TOWN OF DEATH	WHITE 16 10 72 YRS. 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1126 USUAL OCCUPATION 1126 KIND OF BUSINE	MD.
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ION ST., BALTIN	and certificate be ending physicion corbonpopers. P , or remaval. natic event, the m		PART I. DEATH WAS CAUSED	approximate interest of the total of total of the total o	RVAL
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AL RECORDS	he law requion. on. hos been sit t permit. The ene prior to	CERTIFICATION	190 date of Operation	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO NO	TH?
VISION OF VITAL	G PHYSICIAN: Total this certificate the burial-transit and Mental Hygis ked or Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) AT WORK NOTIFY MEDICAL EXAMINER)	EATH HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY 211 LOCATION	STATE
5	OR ATTENDINI Le hospital ar c DIRECTOR, Aft sched for use as Dept. af Health f Hem 21 is mark		220.1 certify that (1) (this hospit	ontal) oftended the deceosed from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	
	TO HOSPITAL O retained by the TO FUNERAL DI should be detack with the State De IMPORTANT: If It		228. PHYSICIAN'S NAME (TYPE OF	Furlow 77 West St, Annapolis MdZ	1901
	BP	C	URIAL, CREMATION, REMOVAL SPECIFY NERAL DIRECTOR NAME	Sept 71982 Ft Lincoln Brentwood PG. M. 250 DATE REC'D. BY REGISTRAR' 250 REGISTRAR'S SIGNATURE	Ol
	(VRA 15, 4)	J	ohn III. layle	lor & Sons ADDRESHINAPOLIS, MIS SEP 9 1982 John 2. Con.:	Æ

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



County of County	1	item 3 #G572	2 10/5/82 ph	STATE OF MARYLAND		
CHE 10/6/82	1	STATE	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 2 2	2 4 1
	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	EUI
1/11		E OR PRINT] ANNA	WIDDLE	PANTAZES	20 DATE OF DEATH MONTH	04 1982 2b. HOUR 3:30P
	3. SE	x /Female	4. RACE White	S. DATE OF BIRTH FEB. 6 1921	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HE MONTHS DAYS HOURS MILE
deoth. Po	7	RTHPLACE (S'ATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED ! WIDOWED DIVORCED [9 BALTIMORE CITY OR COLL	TY OF DEATH
by the the	G	LEN BURNIE	NORTH ARUNDEL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) 11048EWITE	
AND 21201	130.	MD. Im	UNTY PCITY 99	OWN 13d. INSIDE CITY LIMITS?	101 Ude	whol Rd.
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		2500 IMMEDI	only one cause per line loc(a), (b) SED BY IATE CAUSE (o) DUE TO, OR AS A CONSE	seafed Cords	Encepholop	APPROXIMATÉ INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the ottending physicion. Ifter this certificole has been signed be as the build-transit permit. Then pleo th and Mental Hygiene prior to buriol, orked or frem 18 stemmin injury, or a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
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ATTEND Sspitol or SCTOR: A d for use t. of Heol		sow the deceosed olive of above, (1) (we) (did) (did)	on1 not) view the body ofter death.	11-1	on death occurred on the date and I	nour and from the couses stated
SPITAL OR A'S by the hosp NERAL DIREC be detoched the Stote Dept.		22b. SIGNATURE		ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	9/5/89
O HOSPITAL etoined by th TO FUNERAL should be det with the Store			JIT S., M.D.		BALTIMORE-ANNAPO N BURNIE, MARYLAN	
BP		SUPIAL CREMATION REMOVA	AL 23b. DATE 8/82	St. Demetry or crevator	S FINNAPOLI	SA.A. MI
DHMH - 16 50M 1/81 (VRA 15, 4)	74 F	ORAL M. TOI	the Care H	amporter MD 25a.	ATE REC'D. BY REGISTIAN 22 CG	STRAR'S SIGNATURE

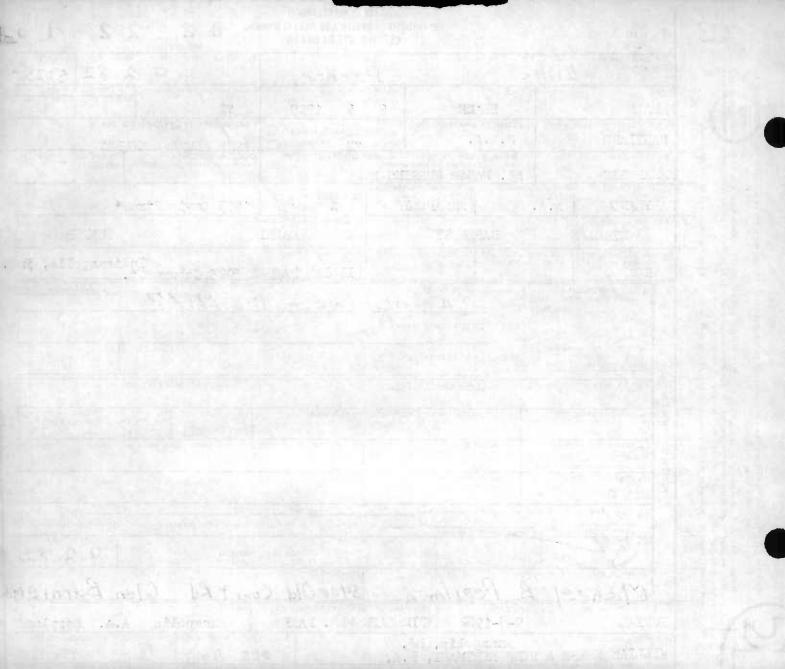
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7 1982

REESE & SONS MORTUARY. P.A.

(VRA 15, 4)



1	15				STATE OF MARYLAND			
1	1	1.	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2	22417	1
7	-		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	NTH DAY YEAR 26 HOUR	-
1	mad)		Maude	Norris	PAXSON	SERT	27 1982 6:45AN	A
-		3. SE	Yemsle (DATE OF BIRTH MONTH DAY 1995	6. AGE (IN YEARS LAST BIRTHDA		_
3	100	Ja. B	IRTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	ALLONES ALEXED ALLONES A	9 BALTIMORE CITY OR CO		-
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1	11 000	10. C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR	-
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hou	11 1	13a	AL RESIDENCE (IF NURSING HOME OF OTH STATE 136 COUNTY	IER INSTITUTION, GIVE RESIDENCE BEFORE AS		13e. STREET DORESS	ici i idomic	-
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- +	1 2 2 2 1	14. F	ATHER'S NAME FIRST MIDI		15. MOTHER'S MAIDEN NAM	AE .	J. 110000 001 10	_ (
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	P 2 1	16a \	VAS DECLASED EVER IN U.S. ARMEI			ADDRESS	Same as	-
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cote he ear	per per ol.		18 CAUSE OF DEATH (Enter only o	ne cause per line for (a)	(t.)		BETWEEN ONSELADAD DEATH	=
-	phys on pop emove event,		PART I. DEATH WAS CAUSED B	7	coh 0		10 Need	
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deoth	otion, Iroum		Conditions, if any, which	(b).	Ct Oi			
the	a a a a		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN	CE OF			-
hot	by tose of		underlying couse last.	(c)	Ct OI			
Juires	Then plect to buriol	Z	PART 2. OTHER SIGNIFICANT CON		ATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITIO	ON GIVEN IN PART 1/a	=
, š	o - o -	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY? 20b	a. IF YES, WERE FINDINGS USED	-
DIVISION OF VITAL RECORDS, 201 W. PRESION SI	_ 42 4	IFIC	The Diffic Or Or Edition	The condition of which of	ERATION WAS FERT ORMED	ı IN	CERTIFYING CAUSES OF DEATH?	
T 100	- 0 0	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURR	YES NO	YES NO	_
NA S	certificate riol-transi ental Hygi ltem 18 sh		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	TEAR	LD (ENTER NATURE OF INJURY IN	ITEM 18, PART I OR PART 2)	
PHYSIC PHYSIC	s certification with the second secon	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 214 LOCATION			_
HA .	the band /	MEI	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, FARA	A, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
S Z	After this certifie os the buriol- olth and Menta marked or Item		AT WORK		//	0/25	0.5	_
EN O	H S		220.1 certify that (1) (this haspital) saw the deceased alive on	attended the deceased from	1982	, ta	19 (1) (me) last	
ATTA	IRECT(hed for ept. of Item 2		above, (I) (au) (did) (did not) vi	ew the body after death.		eath accurred an the date o	nd havr and fram the causes stated	_
0 4	5 0 90		20.510	//	DEGREE ATTENDING A	MEDICAL STAFF	27. DATY SIGNED	
ITAL	FUNERAL old be deto the State ORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR PRI	elley,	PHYSICIAN		0 9/20/12	
HOSPIT	Id be the SRTA				- 77. ADDRESS 16 Murr	T ATTO Any	napolis, Md. 21	1.0
O S			Richard I.				raports, mas kr	-
		23a. E	URIAL, CREMATION, REMOVAL	3b. DATE 23c NA	ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	CONTYA	-
Bi	P	K	Jurial 6	Dep1-30,1912 ;	31. Hnne's	Hnnapoli.	S H.A MD	
	I - 16 50M 1/81 VRA 15, 4)	24 FL	INERAL DIRECTOR	1 C ADRESS	Ann A A Committee	REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE	
(THA 13, 4)	U	ohn Milaylor	& Jons-Anna	POLLS MID ISEL	29 1982 /	Jan & Court	

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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 221 DATE SIGNED DIRECTOR PHYSICIAN GERALD CHURCH, M.D. SEVERNA PARK MARYLAND 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 234 NAME OF CEMETERY OR CREMAJORY Glen Burnie Ylen Haven Men. 24. FUNERAL DIRECTOR Mountain & Tick Neck Rds. Mc ully Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER I YEAR

1982

2b. HOUR

12h, KIND OF BUSINESS OR

Md abe

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

O men

IF UNDER 24 HRS

20 DATE OF DEATH MONTH

DHMH - 16 50M 4/B2 (VRA 15, 4)

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FOR

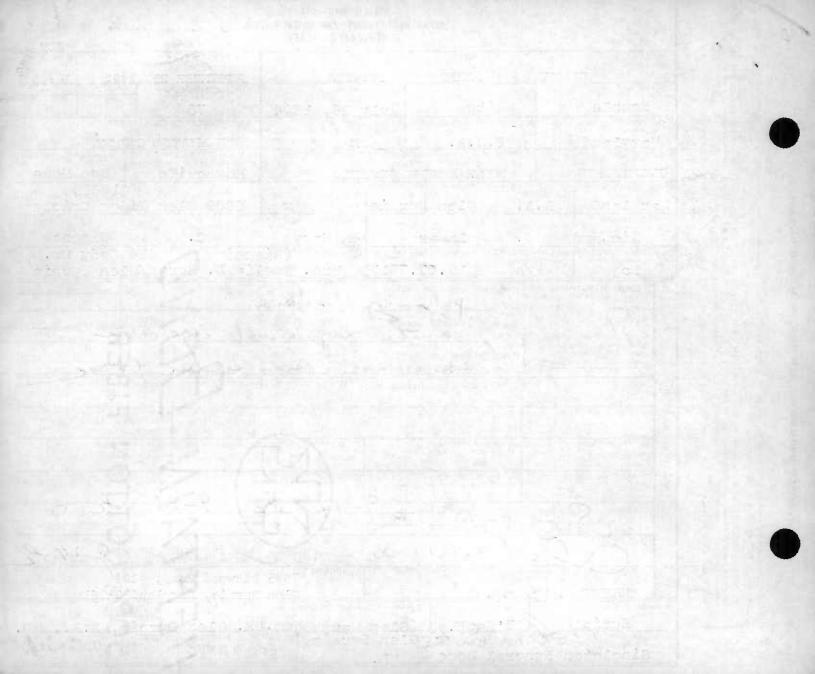
REGISTRAR

I. DECEASED NAME

- STATE

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	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	50 64	2419
We started		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 21	(145)	GLADYS	MARIE	PFISTER	SEPTEMBER 23.	1982 10:00 8
1 10.78	3 SE	Х	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
(IIII)		Female	White	July 26, 1904	78 YRS.	
4 50 60		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
1 1 10		Maryland	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL C	
of the state of th	GI	TY OR TOWN OF DEATH LEN BURNIE	NORTH ARUNDI	EL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L HOUSewife	12b. KIND OF BUSINESS OR INDUSTRY Own Home
Alled in could be	13a. S	STATE 13b COU	PROTHER INSTITUTION GIVE RESIDENCE BEFORM 13c. CITY OR TO Glen Bi	WN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 6909 Glen R	(21061) idge Cricle
1 12 10	14. F/	THER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN N		
B 100 08/1		Richard	F. LaMar	Mary	C.	Wingate
nd co		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	(1/-		4 Cody Dr.
P Pos	_	No 1	N/A 215.07	.7917D Mrs. Ame	elia D. Moran/	Glen Burnie APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death certificen signed by the attending ph. 1. Then please remove carbonp for to buriol, cremation, or remove y injury, or other traumatic even	ION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	to myo caro	minal disease or condition GI	VEN IN PART 110
on. has be permit be printed by son.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
SICIAN: The physicion of physicion certificate certificate certificate mital Hygin them 18 should have been should		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
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TTENDING P putal or atter TOR: After the for use as the af Health and 21 is morked		220 1 certify tho (I) this hosp	oital) attended the deceased from	And that in (my) (our) opinion	death accurred on the date and ha	. 19
fal OR A y the has val DIREC detached are Dept.		22b. SIGNATURE	alemin	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED
ro HOSPITA retained by TO FUNERA should be de with the Stat		22d PHYSICIAN'S NAME ITYPE			Oakwood Road, #	
To To Sho		CHARLES J. W		NAME OF CEMETERY OR CREMATORY	Burnie, Marylan	0 21061
BP		Buriat)	27'Sept.82	Glen Haven Mem	CITY OR TOWN	ie. A.A. MD.
DHMH - 16 50M 1/B1	24. FU	INERAL DIRECTOR	anna Pastas (Glen Burnie, 250. DA	TE REC'D. BY REGISTRAR 25b. REOIS	TRAR'S SIGNATURE
(VRA 15, 4)		Singleton Fi			EP 2 8 1982	The laterely



DEPARTMENT OF HEALTH AND MENTAL HYGIENES REGISTRAR . DECEASED NAME KNOWNX (TYPE OR PRINT) ESTI-24,0 Sidney **Phillips** Oscar DEATH MATED 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. JIE UNDER 24 HRS 2d HOUR DATE PRONOUNCED 09 Male White 05 60 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY ANNE ARUNDEL COUNTY U.S.A. DIVORCED Maryland D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS North Arundel Hospital Glen Burnie Odd Jobs SUAL RESIDENCE (IF IN MURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

3. STATE

136. CUTY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 3118 Aspen Court, 21227 Baltimore Lansdowne NO E Maryland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST Phillips Leroy Laverne Karnes 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. Unavailable Leroy Phillips 3118 Aspen Court, 21227 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Shotgun wound of head Weapon: Shotgun IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? MENT OF TO BURI YES X NO. 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR DEPART/ 9/23/32 subject shot CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME. 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 17 Harriet Road, Glen Burnie, AA County, . MD AT WORK AT WORK house TO MEDICAL EXAMINER: 1771 EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held on Inspection and in my opinion Homicide XX death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL DATE Assistant 9/24/82 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE Maryland Baltimore City 09-28-82 Loudon Park Buria1 24 FUNERAL DIRECTOR 21229 **DHMH - 17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

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1	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF CERTI	HEALTH AND		IENE 8	REG. NO.	2	2 4	2
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	3. SE	And the second second		RACE	TILICL	5. DATE	OF BIRTH		6. AGE (IN YEA			INDER 1 YEAR	IF UNDER 24 HI
İ		Female		Wh	ite	MON	-	11	71		YRS.	THS DAYS	HOURS MI
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		en Burnie	TH 1		HOSPITAL, NI CHEACILITY, GIVES AUDERT	IRSING HOME STREET ADDRESS] Road	OR OTHER INS	TITUTION	120. USUAL O	CCUPATION OR MOST OF WOR BT	KING HEE)	126. KIND OI INDUSTRY Nation	r BUSINESS C
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	14. FA	THER'S NAME Benjamin	MI	DDIE	Hok	le .		S MAIDEN NA	ME	MIDDLE		Ä	rett
	16a V	VAS DECEASED EVER I		ED FORCES? WAR OR DATES)		SECURITY NO. 2-5197	Thur1		ırdette	228 G	ra1a	n Roac	1 2122
	Z	Canditions, if any, gave rise to imm cause (a), stating underlying cause	ediate g the last.	DUE TO, C (b) DUE TO, C (c)	DR AS A CONS	EOUENCE OF			inal disease	or conditio	DN GIVEN		intho
	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATION	N WAS PERFO	DRMED	200 AUTOF				NGS USED OF DEATH?
		?10. ACCIDENT WAS UNDI	AUSE OF DEATH			DAY YEAR	21c. HOW 15	NJURY OCCUR	RED (ENTER NATU	JRE OF INJURY IN I	TEM 18 PART	I OR PART 2)	16
	MEDICAL	21d INJURY OCCURR			OF INJURY TREET, FACTORY, OF	FICE, FARM, ETC)	21f. LOCATI STREE		16	CITY OR TOWN		COUNTY	STATE
		27a.1 certify that (1) saw the decease abave, (1) (we) (d 27b. SIGNATURE	d alive an_				DEGREE		, ta death accurred		nd haur ar		
-		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)					MEDICAL DIRECTOR	STAFF PHYSICIAN		19/2	0/802
		Philip K	Conits	, M.D.		45	615 H	Hammond	s Lane			4,7	831
	23a. E	BURIAL, CREMATION, ISPECIFY) Burial		236. DATE 9/21/	82	23c NAME OF	CEMETERY OR .ew Mem		Syke	sville	Ca	ounty rro11	Md.
B2		UNERAL DIRECTOR 1bbard Fune				212	29	25ā. DAT	E REC D. BY RE		blu	2.0	thiel

STATE OF MARYLAND

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IMPORTANT: If New 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner/myst be facilited

6	1.	FOR STATE REGISTRAR	D	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 3 2.	2 2 4 _{E.N.T.} 2
		CEASED NAME FIRST		POS	AST FY	20. DATE OF DEATH MONTH SEPTEMBER	21, 1982 2b HOUR 21, 1982 11:50 P
	3. SE	X _	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	White	Marc	h 23°, 1919		RS. DAYS HOURS MIN.
35	111	RTHPLACE (STATE OR FOREIGN COUNTRY) Linginia	76. CITIZEN OF WHAT CO	UNTRY? 8 MARRIEI WIDOWE	NEVER MARRIED	ANNE ARUNDEL	
54	G	LEN BURNIE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G VORTH ARUN	DEL HOSPI	R OTHER INSTITUTION TAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE) 12% KIND OF BUSINESS OR INDUSTRY
35	13g	STATE 136 C	ne Arundel Pa		13d INSIDE CITY LIMITS? YES NO 🛣	130 STREET ADDRESS 1225 Pekin Ro	L 21122
20	14 17	Glenn	M. Lawre	ence	15 MOTHER'S MAIDEN NA FIRST	WIDDLE	Beckner
1		NAS DECEASED EVER IN U.S.	S. ARMED FORCES? 16b. SOCI	-28-6142	Mr. Atwill	C. Posey San	ne as #13
	rion		e DUE TO, OR AS A CO	CA 67	NOT RELATED TO THE TERA	MINÄL DISEASE OR CONDITION	
9	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b. IF IN CE	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. MON	ITH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)
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		saw the deceased alive	nospital) attended the deceased to oil of not view the body after depth	h. 19 9 2, an	DEGREE ATTENDING .	death accurred on the date and	hour and from the causes stated 271. DATE SIGNED
1		SERGIO V. A	LVAREZ, M.D.		27e ADDRESS 300 GLEN	HOSPITAL DRIVE BURNIE, MARYLA	SUITE 134 AND 21061
	23a E	BURIAL, CREMATION, REMO (SPECIFBURIAL	VAL 236 DATE 9/25/1982	130 NAME OF CI Meadowri	METERY OR CREMATORY dge Mem. Pan	23d. LOCATION DORSELL	Howard, st. Md.
		UNERAL DIRECTOR Mitn.	& Tick Neck Ro al Home of Paso	ls. Pasade			GISTRAR'S SIGNATURE

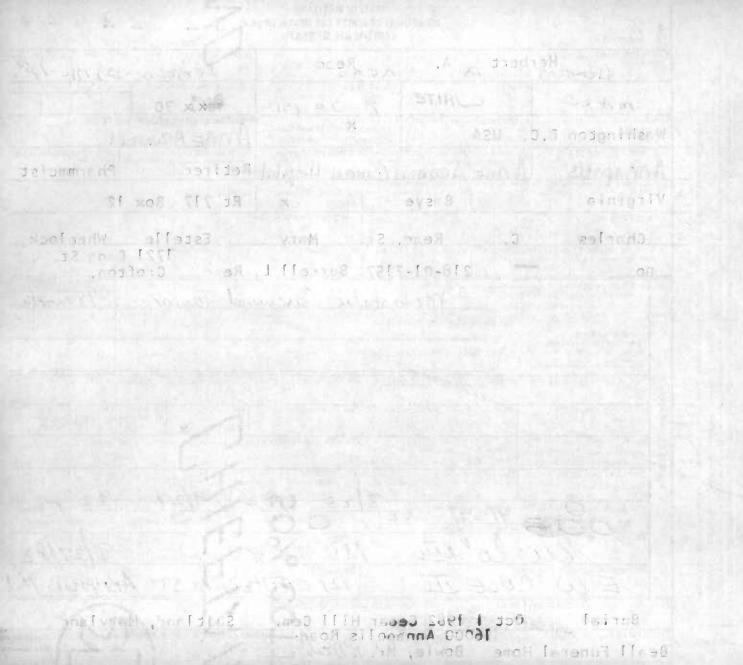
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NECESSA S. TORRAN M. M. M		IRTHPLACE (STATE OR PREIGN COUNTRY) Virgini			HAT COUNTRY?	8 MARR	RIED NEVER MA	ARRIED . 9. B	ALTIMORE CITY O	BRULL P	
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SAPATH SAPATH	2	ATHER'S NAME FIRST Willi	am	F.	Lee			known)	MIDDLE		LAST
24 HOURS AFTER DE TIEM 18. GIVE PAGE CONG WITH FORM PERMIT. PAGES 1 A SIENE, DIVISION OF VAL.	16a. V (Y	VAS DECEASED EVER ES, NO, OR UNKNOWN) NO	(IF YES, GIVE WAR O	OR DATES)	408-34-8		Robert Le	ee-son-48	ADDRESS 845 Bayar	d Blvd.	20816 Beth. Md.
D BE EXECUTED WITHIN 24 HO PENDING" IN PENCIL IN ITEM 1 MEDICAL EXAMINER ALONG AAS A BURIAL - TRANSIT PERM AATA AND MENTAL - TRANSIT PERM CREMATION, OR REMOVAL.	NC	Conditions, if gove rise to couse (a) statin lying couse lost	immediate g the <u>under-</u>	(b) DUE TO, OR	AS A CONSEQUEN AS A CONSEQUEN BUT NOT RELATED TO THE	NCE OF	SE OR CONDITION GIVEN I	N PART 1 (a).			
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E 3 SHOULD BE CE E DEPARTMENT CE I PRIOR TO BUR	MEDICAL CERTIFICATION	210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		MONTH DAY	YEAR	OW INJURY OCCU	RRED (ENTER NATUR	RE OF INJURY IN ITEM 18 P		YES NO
PAGE 3 SH STATE DEPA 21201 PRI	MEDI	21d. INJURY OCCUR WHILE NOT AT WORK AT V	RRED WHILE -	21e PLACE C STREET, FACT		ME. 21f LC	OCATION STREET	СП	Y OR TOWN	COUNTY	STATE
MIRECTOR: WITH THE S ARYLAND,		22a I certify that death resulted from ACTUAL SIGNATURE	I tool charge of	the remains des	cribed above, held a	an Autap Suicide	osy , Inspecial, Hamicide TITLE (SPECIFY	, Undetermin	ned manner .	DATE SIGNED	11.82
EXECUTE THE C PAGE SHOU TO FUNEZA D AFTER DEATH BALTIMORE	72a B	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION,		INMA		CELLETERY	ADDRESS_	weep	hi, h	comp le	lord
	(1	Burial		6-1982		Cemete			okevilleM		_
HMH - 17 A 15 ME (5))		UNERAL DIRECTOR Lnes/Rinal	di Funer	al Home	11800 N.1		'' OFF		SISTRAR 256 REGIS	SIRAR'S SIGNAT	ulk

5 corrected Consis	it	em 9 #G!	571 9/10	/82 ph			MARYLAND H AND MENTAL	HYCIENE		0 10	-
Prich up 9/10/82		STATE					CERTIFICATE	24	2 2	2 4 4	4
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FILE PUR PEET	1.5E)		1. RACE	5. DATE & PIPH	6-30 6. AGE	IN YEARS IF U	INDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE		DAY, YEAR	2d, HOUR
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4 F & S & S & S	Ch	ester	Goscins	SKI	LAST			an Seato	AIDDLE	LAST	
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BALTIMOR URS AFTER 3. GIVE PAC WITH FORCE PAGES 1.	(Y	no, or unknov	VN) (IF YES, GIVE	WAR OR DATES)	214-26-	0891	Albert 1	Raspa 421	2 E. Jo	ppa Rd.	
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W. PREST D WITHIN FENCIL IN AMINER A TRANSIT ENTAL HY REMOVAL			s, if any, which	(b)	0	~	/				
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D X Y Y Y Y Y	7	PART 2 OTNER SIGI	NIFICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE	TERMINAL DISEA	ISE OR CONDITION GIVEN IN	PART 1 (a).	- H		
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A SEC	1	death resulted	d from	2	Accident,	Suicide	, Hamicide	Undetermined m	anner,		1
WAS SUITED	n.	ACTUAL SIGNATURE	OL.	leuro	for '		TITLE (SPECIFY)	9	ĐAT	9/1/	82
ERA SER		STOTALONG	1	- /			W.D. LEGIST	MEDICAL EXAM	AINER	NED 1/1/	
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TO T	23a.B	JRIAL, CREMAT	ION PEMOVALES	3b. DATE	23c. NAME OF	CEMETERY	Faith C	1738 OCATION		NINTY	
0000BP	B	urial		9-9-82			Faith C	em. Ball	to., Md.	DUNTY STA	ile.
DHMH - 17	24 FI	NERAL DIRECT	munek 1	Funeral	s Home, I	nc.	250, DAT	REC'D. BY REGISTRA	AR 250 REGISTRAR'S	SIGNATURE.	,
(VR A15 ME (5)) 15M 7/77	- 17	9705	Belai	r Road	21236		.9E	11982	Jamo	is while	

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	11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8 2	2 2 4 2 3
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noy be poge 3 er deoth	(10)	UCMBENT	rbert & A.	MEAD	SEPTEM	xx 25 191 / P
moy po	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
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Mile Fe	10.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS	120. USUAL OCCUPATION	125. KIND OF BUSINESS OF
	A	MMADOLIS	ATME ARUND	. /	Retire	Pharmacist
hour be f	ÜŚU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	In cross apposes	
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ed wil	1	FIRST	MIDDLE	PIRST	WIDDLE	LAST
Lo Lo		Charles	C. Reac		Estelle	
nd o		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECU	JRITY NO. 17. INFORMANT	ADDRES 7 2	1 Dana St.
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quires 1 signed to barro njory, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
to the part of the	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
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2 4 5 5 E	1	abov. (I) w (did)	view the body after death.	, and that in (my) our) opinion	deoth occurred on the dote or	d hour and from the causes stated
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DHMH - 16 50M 4/B2		JNERAL DIRECTOR	16000 Ann	apolis Road 250. DA	TE REC'D. BY REGISTRAR 25). R	EGISTRAR'S SIGNATURE
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	CITY OR TOWN	COUNTY	STATE
22e. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an above, (I) (we) (did) (did nat) view the body after death. DEGREE ATTENDING PHYSICIAN SNAME AND ARRESS	eath occurred an the date of	ond hour and fram the cause	
236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN		
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Walter Brooks Bradley Inc., Balto. Md. 21222

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MEDICAL EXAMINER: UNE THE CERTIFICATE, E 4 SHOULD BE FORE UNREAL DIRECTOR: R DEATH, WITH THE SIMORE, MARYLAND, 21		22a. I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	NAME E	Paud	Accident		Autap uicideM	, Ham	Inspection incide (SPECIFY)	Undet	Inquiry ermined m	anner	ond in my , DAT SIGN	E 6"	17.8	v
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DHMH - 17 (VR A15 ME (5)) 15M 7/76		LLTAM I		ons mortu	ARY,	nnapol P.A.	is, l	Md.	SEF	24	982	AR ISB. RE	GISTRAR'S	2 Cou	hulf	

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	١.,	REGISTRAR			CERTIFIC	CATE OF	DEATH	P	EG. NO.		E.D.T.
		CEASED NAME FIRE	ST N	NIDDLE	LAS	T		20. DATE OF DEA		DAY YEAR	2b. HOUR
	(1472	BER	THA	B	RIE	SER		SEPTEMBE	R 23 1	982	10.05PM
	3. SE	Female	4 RACE Whi		F Do.	197,	1902	6. AGE (IN YEARS)	AST BIRTHDAY) 80 YRS	MONTHS DAY	
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4	USU	EN BURNTE		ARUNDEL H		AI.		House	wife		
5			A. A.	Pasadena		3d. INSIDE (ITY LIMITS?	28 Wind	ling Wo	ods W	ay
C	14 FA	Wilhelm	WIDDIE	Wichmann			s maiden na hanna		DDIE	Moel	l'er
		VAS DECEASED EVER IN U. YES NO OR UNKNOWN) (IF Y	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	219-64-9		17. INFORMA		nna Gad	ADDRESS	namo R	s above
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2	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		TION FOR WHICH C	PERATION			200. AUTOPSY YES NO RED (ENTER NATURE	IN CER	YES, WERE FIND TIFYING CAUSE YES	ES OF DEATH?
1	MEDICAL C	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX. 21d. INJURY OCCURRED WHILE NOTIFY MEDICALEX. AT WORK AT WOOD	OF DEATH AMINER) HOUR A.A P.A 218 PLACE C LAT HOME STR	A, MONTH DAY A,	19	21f. LOCATI	ON		y OR TOWN	COUNTY	STATE
		270. I certify that (1) (this sow the deceased of obove, (1) (we) (did) (22b. SIGNATURE	hospitol) otte ded the	n 111.		GREE	ATTENDING L	deoth occurred on	STAFF _		that (I) (we) lost the couses stated TE SIGNED - 82
1		224. PHYSICIAN'S NAME BENITO MAR		7		220. ADDRES			AIN ROA		
		BURIAL, CREMATION, REMO Cremation	9/24/8				mator:	ium Catto		le, Ba	lto.STATMd

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
Raymond C. Fink

Gien Burnie, Md.

E.D.T.				
SEPTEMBER 23, 1982 - 10:05P	SETATE		ARTS	
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2-A MOUNTAIN HOAD	293	11/	LM . LUNCE	MENTOCINEM
tim Concernitor, 25168. W	es dremator mise, Mo			Cressback

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME KNOWNXX (TYPE OR PRINT) 9-21-82 DEATH MATED CHARLES 3 SEX IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 9-21-82 2:33A DEAD Caucasian November 23,1962 19 Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY ANNE ARUNDEL COUNTY U.S.A. WIDOWED [DIVORCED Washington, DC IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS. Anne Arundel Co. Gneral Hospital Construction Annapolis Construction 131 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO 1 3905 Bishopmill Place (20735) Maryland Pr. George's Upper Marlboro IS MOTHER'S MAIDEN NAME 4. FATHER'S NAME Thomas J. Reilly, Sr. Louisa A. Manzullo 17. INFORMANT ADDRESS Same As #13 A-E 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) N/A 217-78-5708 Father - Thomas J. Reilly, Sr. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Fractured cervical spine IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) TO MEDICAL EXAMINER: 1713, CITICATHE WORD "PEN EXECUTE THE CERTIFICATE, WRITING THE WORD "PEN PAGE 4 SHOULD BE PORWARDED TO THE CHIEF ME TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS AFTER BEATH, WITH THE STATE DEPARTMENT OF HEAD BALLIMORE, MARYLAND, 2)201 PRICK TO BURIAL, CI 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2:49AM 9-21-82 UNDERLYING CONTRIBUTING! CAUSE OF DEATH driver of auto/fixed object impact 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) Rf. 4 eastbound con Anne Arundelunco.. Md. AT WORK NOT WHILE AT WORK Autopsy XX 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian Suicide Homicide Undetermined manner death resulted from: Notural causes Accident TITLE (SPECIFY) ACTUAL SIGNED 9-21-82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY SPECIFY) September 27,1982 Resurrection Cemetery Clinton, Prince George's Burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. **DHMH - 17** (VR A15 ME (5)66B3 Old Alexander Ferry Rd., Clinton, MD

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STATE OF MARYLAND

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REESE & SONS MORTUARY, P.A.

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Hardesty FH, 12 Ridgely Ave, Annapolis, Md. 21401 SEP 22 1982

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DIVISION OF VITAL RECORDS,

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

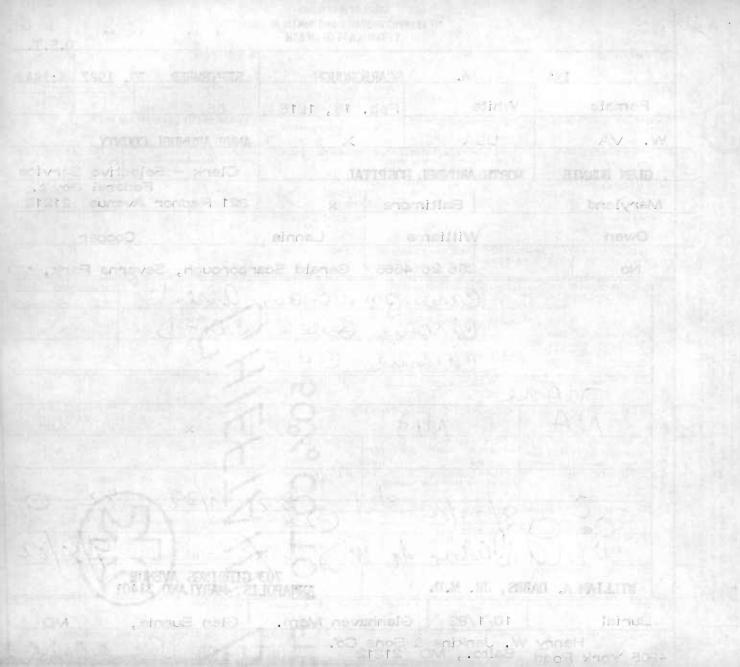
CERTIFICATE OF DEATH

TERRAL DAY ON THE

10	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2 2	2 4 3 4
		CEASED NAME 1981	nd Sinclair	Rowe	74 DATE OF DEATH MONTH 0	1982 Th HOUR APPEC
(M)	3. SE	Male	4 RACE White	Oct. 15. 1911		F LINDER I YEAR F UNIQUE 34 HES ONTHS BAYS HOURS MH.
1 18-86	7E. B.	RTHPLACE LETATE OF FOREIGN	U.S.A.	MARRIED M NEVER MARRIED WIDOWED DINORCED D	Anne Arundel Co	
1 1 100	10. C	Pasadena	7646 Berry Lane	NG HOME OR OTHER INSTITUTION (ADDRESS)	17th USUAL OCCUPATION THESE WORK FOR MOST OF WORKING LIFE TO LICE	126 KIND OF BUSINESS OR INDUSTRY Balto. Bity
Hilled in	P05U 13a :	STATE , 136 COU	Arundel Pasaden	VN # 134 INSIDE CITY HAUTSE	134 STREET APPRESS Lane,	21122
1020	IA FA	Leonard	MEDIE ROWE	15 MOTHER'S MAIDEN NA	MODUL	Walters
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TO HOSPITAL OR A TO HOSPITAL OR A TO FUNERAL DIRE should be detoched with the Stone Dept.		17d PHYSICIAN'S NAME TO ACE OR. Jonge B.	Joye B R Ramentez M.D.	12± ADDRESS	Projector Staff Sui Rd. Glen Burnie,	te 205 Md. 21061
₽	23a I	BURIAL CREMATION, REMOVAL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAME OF CEMETERY OR CREMATORY	Brooklyn Pank	Anne Arundel, M
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P	H.	FOR		DEPART		E OF MARYLAND IEALTH AND MENTAL HYG	IENE -	,	2 2 4	3 5
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s that the ed by the please re- rial, crem ar other		cause (a), stating the underlying cause last	st. (c)_	OR S ACONSEOL	me	C.H.F.				
Then price to bury.	NO	PART 2 OTHER SIGNIFIC	ANT CONDITIONS S	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OF	CONDITION GI	NEN IN PART 110	
Day on A	CERTIFICATION	190. DATE OF OPERATION	196. CON	DITION FOR WHIC	PERATIO	N WAS PERFORMED	200 AUTOPSY	? 20b. IF YE IN CERT	ES, WERE FINDING	GS USED OF DEATH?
20 20 2	1	IUA		NI	7				res 🗍	NO 🗆
AN. Shirt	0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)	
SSC Condition of the state of t	S	(IF EITHER, NOTIFY MEDICALEX	AMINER)	P.M.	19	211. LOCATION				
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Of 5413	23a.	BURIAL, CREMATION, REMO			NAME OF C	CEMETERY OR CREMATORY	23d. LOCATIO	N		
()BP		Burial				aven Mem.	Glen	Burnie	COUNTY	MD
DELINIA LA POLICIA DE					Sa	25a. DA			STRAR'S SIGNATU	JRE
DHMH - 16 50M 4/82 (VRA 15. 4)	1.	UNERAL DIRECTOR Hen	Palt	O NAD	2121	00.	T 1 - 108	2 Spe	2 Ca	wich



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(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	REG. N	10.					
OF I	DEATH	MONTH	DAY	YEAR		b. HOUR	Ī
nt	emb	ner	21	100	2	D	

	REGISTRAR				CERTIF	FICATE OF DEATH	REG. NO	di-id	-	
1	DECEASED NAME	FIRST		MIDDLE		LAST		MONTH DA	Y YEAR 76	. HOUR
1		Robe:	rt 1	Rusk	SCHR	OEPFOR	Septembe	er 24	1982	PM
I	3. SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR IF	UNDER 24 HRS
L	Male		Whi	.te	Jur	ne 24, 1894	88	YRS	NTHS DAYS H	OURS MIN.
4	BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTYO	FDEATH	
2	Maryland		U.	S.A.	WIDOWE		Anne Ari	unde1	Co.	MD.
2	CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATIO		12b. KIND OF B	
2	Annapoli:		Anne	Arunde1	Gen	eral Hosp.	Bricklay	er	Const	ructio
1	USUAL RESIDENCE (IF)	186 COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			1401
4	Maryland	A	.A.	Annapol	is	YES NO X	Rt 6, 11	83 Ri	ver Ba	y Road
J	4 FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA				
4	John			Schroep		Cathe	erine		Unkn	own
1	60 WAS DECEASED EN		MED FORCES?	166 SOCIAL SECU		17 INFORMANT Daug		S	Same	as
	No	N	one	215.01.	3706	Louise H.	Oliver	1.49	13	a.b
Γ	18 CAUSE OF DE	ATH (Enter of	nly one couse per	line for ya (b), and	100	1 1	1		BETWEEN ONS	TE INTERVAL ET AND JEATH
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ı			((c)				1	Heal		
ı		IGNIFICANT	CONDITIONS CO	ONTRIBUTURG TO E	EATH BUT	NOT RELATED TO THE TERM	DISEASE OR COND	ITION GIVEN	IN PART 10	ES / 18
4	THI DATE OF OPE	MI	norvu	911	U (1405 Ta	1	AND DESCRIPTION	Wee en very	
	5 MI DATE OF CHE	NATION.	ING. CUND	DOK WHICH	OFERAID	N WAS PERFORMED	20e AUTOPSY!	IN CERTIFY!	WERE FINDINGS NG CAUSES OF	DEATH?

HOUR A.M. MONTH DAY YEAR

P.M.

THE HOW INJURY OCCURRED. (ENTER WATURE OF PULLEY PARTY IN PARTY OF PARTY)

OR CONTRIBUTING CAUSE OF DEATH

saw the deceased alive or above \$11 (we) (did).idid or

21e. PLACE OF INJURY AT HOME STREET EACTORY OFFICE FARM STO CITY OF TOWN CONFIXY

MEDICAL 27a.1 certify that (1) (this hospita

FOR

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF

22L DATE SIGNED

314H

SEPT'82

776 SIGNATURE

William Weintraub, M.D. C.

TY ADDRESS

DEGREE

104 Forbes St., Annapolis, Md.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment 231 NAME OF CEMETERY OR CREMATORY Sep. 28,82

Lorraine Park Cem

211 LOCATION

ATTENDING PHYSICIAN

23d LOCATION
CITY OR TOWN
Baltimore

Maryland

COUNTY

DHMH - 16 50M 1/B1 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL HOME, GLEN BURNIEMD

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STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 haur after death contended by the hospital or attending physician.
10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in Fig the functor about be detached for use as the burial-transit permit. Then please remove corban popers. Pages 1 and 2 shauld be filled within 2 hours after the burial permit.

V		tem #5, g-571, 9	/27/82 by F. P. DEP.	ARTMENT OF HI	OF MARYLAND FALTH AND MENTAL H CATE OF DEATH	YGIENE 8 2	2 2	4 4 0
COR. R. N. SEMT	1. DE (TYPI	REGISTRAR CEASED NAME FIRST FOR PRINT)	Philip C.		ST	REG. 20 DATE OF DEATH Septem.	MONTH DAY	YEAR 26 HOUR 182 0230A
IV)	1 SE	Male	Cau	5. DATE O		58	YRS.	DAYS HOURS MIN.
fineral Annual A	N	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY) [arv] and ITY OR TOWN OF DEATH 11	U. S.	MARRIED	DIVORCED [9. BALTIMORE CITY ANNE	A runde	MD. KIND OF BUSINESS OR
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n and completely Poges I and 2 sh medicol.exagine	16a V	AMUE J. ME VAS DECEASED EVER IN U.S. ARME VES, NO OR UNKNOWN (IF YES, GIVE W		SECURITY NO.	Anna FREST	1-20	Weber	21054
ficate be e. popers. Poor novol. ent, the mec		es WW 11	217-1	8-0760	Andrew Sea	ars 1885 Ler		
nat the death certifica by the attending phy, sse remove corban pol, cremotion, ar remov ather troumatic event		Conditions, if any, which gave rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONS	2 Noe	epsis	polesi lov Tu		ere-j
requires the	NOI	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing</u>	TO DEATH BUT I	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN IN P	ART 1(0
has be prime one prime	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION		20a AUTOPSY? YES NO	YES 🗌	AUSES OF DEATH?
HYSICIAN: TI ading physicia is certificate buriol-transit if Mental Hygio or Item 18 sha	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR	211. LOCATION	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I OR P	^AR1 2)
OING PH or atter After the e os the olth ond marked c	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OF		STREET	CITY OR		
he hospital of DIRECTOR: DIRECTOR: Tached far use Dept. of Hea		220.1 certify that (I) (this happing saw the discrete along on a place of the control of the con	affended the deceased for		that in (my) (our) opinio	n death occurred on the		that (I) (we) last om the couses stated
PA de la de la		220 PHYSICIAN S NAME (TYPE OR PE	RINT		ATTENDING PHYSICIAN 22: ADDRESS	MEDICAL ST	AFF .	1120885
TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stat	73n F	Clariow E	Ills John	So P	METERY OR CREMATOR	FT Mea	de:	
BP		Burial JNERAL DIRECTOR	9-15-82		nd VA Cemete	ery Crowns		. Md .
DHMH - 16 50M 1/81 (VRA 15, 4)		.A. Hardesty	Annapolis		0	FP 1 4 1982	GISTRAR'S S	2. Coured

Male Cay of the 58 ANNE ANNE ANNIEL FE, MEDICE KINDSTOLL FRANK HOP ICAN ACE MD AA. CDENTON STREEMEN OUR many the many many SXXXIII X THE SER LA BRE LEADING CALLES

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbanpapers, Pages 1 and 2 should be filed within 72 hours after death

te	FOR - STATE REGIS
	1_DECEASED

may be

death. Page 4

requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The

retained by the hospital or

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	2	2	2	4	4	
	REG. NO.					

ASED NAME FIRST	CERT	IFICATE OF DEATH	REG. N	10.
45/CA	MIDDLE	PINO I	2a. DATE OF DEATH	MONTH DAY YEAR 26 HC
1101010	I. RACE II. DATE	E OF BINTH	6. AGE (IN YEARS LAST BI	RIHDAY) IF UNDER I YEAR IF UND
EMALE.	CAUCASIAN "	NTH DAY YEAR 93	88	MONIHS DAYS HOURS
HPLACE (STATE OR FOREIGN 7	6 CITIZEN OF WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
ERMANY	U.S. A. WIDOV	WED NORCED		UNDEL COUNTY
OKLYN PARK	1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HAMONDS LANE NURSING	SING HOME	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSE WIF	OF WORKING LIFE) INDUSTRY
RESIDENCE (IF NURSING HOME OR O LIE 136 COUNT D. ANNE AR	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TY 13. CITY OR TOWN EUNDEL SEVERNATARK	13d INSIDE CITY LIMITS?		MMCN RD.
	IDDLE KLINK	15. MOTHER'S MAIDEN NAMERST	MIDDLE	LAST
S DECEASED EVER IN U.S. ARM NO OF UNKNOWN) (IF YES, GIVE	NED FORCES? WAR OR DATES) 16b. SOCIAL SECURITY NO.	MAE SELLS	ADDRI (SAN	MAE AS 13)
ouse to, stating the inderlying couse lost. ART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (c) DNDITIONS CONTRIBUTING TO DEATH BU 196 CONDITION FOR WHICH OPERATI		INAL DISEASE OR CON	206 IF YES, WERE FINDINGS US
			YES NO	IN CERTIFYING CAUSES OF DEA
O. ACCIDENT WAS UNDERLYING A R CONTRIBUTING A CAUSE OF DEATH	P.M. 19		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER)	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY
IF ETHER NOTIFY MEDICAL EXAMINER) d INJURY OCCURRED WHILE NOT WHILE NORK				
d INJURY OCCURRED VHILE NOT WHILE NORK O. I certify that (I) (this hospito sow the deceased alive an	9/30 10 82	DEGREE		
d INJURY OCCURRED WHILE NOT WHILE OF AT WORK 8.1 certify that (1) (this hospito sow the deceased alive an obove, (1) (we) (did) (did not) b. SIGNATURE	view the body ofter death.	DEGREE ATTENDING PHYSICIAN	deoth occurred on the d	ote and hour and from the causes s 22c. DATE SIGNED
INJURY OCCURRED WORK NOT WHILE OF AT WORK O. I certify that (I) (this hospito saw the deceased alive an obove, (I) (we) (did) (did not)	view the body ofter death.	DEGREE	MEDICAL STAI	ote and hour and from the causes s 22c. DATE SIGNED
d INJURY OCCURRED WORK NOT WHITE OR O. I certify that (1) (this hospito sow the decessed alive an obove, (1) (we) (did not) b. SIGNATURE d. PHYSICIAN'S NAME (TYPE OR) IAL, CREMATION, REMOVAL (IF)	view the body ofter death. PRINT) PRINT)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	FE CIAN COUNTY
d INJURY WHILE WORK I Certif sow the obove, b. SIGNA	y that (I) (this hospito ne deceased alive an	y that (I) (this haspital) attended the deceased from 97.30 19 92. (I) (we) (did) (did not) view the body after death.	y that (1) (this hospital) attended the deceased from 3/75 , 19 ne deceased alive an 19 82, and that in (my) (aur) apinion of (1) (we) (did) (did not) view the body after death. TURE DEGREE ATTENDING PHYSICIAN PHYSICIAN	y that (I) (this hospital) attended the deceased from 3/30 19 32, and that in (my) (aur) apinion death accurred on the discrete d

DHMH - 16 50M 1/81 (VRA 15, 4)

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HAROLD GEVE SHOULEE CREATION A USA HOUSE HOUSE HOUSE THE COURT ME THE PROPERTY OF THE SHAPE THE PROPERTY OF THE STATE OF TH and the world to the second of the second Bitter AL 19/29/82 I COE CENT WATERUP OK and changed highly product order

	4	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	2 2 4 4 3 EDT
-			CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
y be		1	CURTIS	S LEROY	SHUMAKER	SEPTEMBER 18, 1	982 3:15 A M
ector, page 3		3. SE	MALE	4. RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
Pog Men	8		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	10 10	9. BALTIMORE CITY OR COUNT	Y OF DEATH
THE STATE OF	#75	P	a •	USIF	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL (COUNTY MD.
M	54 54	10.50	en Burnie	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE NORTH ARUNDEL		12a USUAL OCCUPATION (THE OF WORK FOR MOST OF WORKING L	128. KIND OF BUSINESS OR INDUSTROOD
hin 24 haur ly filled in I should be f	33	13g S M	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE TO RIVIER	TRE ADMISSION) WN Bch 13d. INSIDE CITY LIMITS? NO THE THE PROPERTY NO THE PR	132574 Assury R	d. (21122)
campletely 1 and 2 sh	Zc Xaminer		THER'S NAME Charles	MIDDLE Shuma	ker Almëda	WIDDLE	Evans
and	medical	16a V	VAS DECEASED EVER IN U.S. AF		CURITY NO. 17. INFORMANT	tis L. Shumake	
0 0 %	event, the r		PART I. DEATH WAS CAUSI	nly ane cause per line for (a), (b) o ED 8Y: (TE CAUSE (a)	enous belows		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death certificate the attending physici emave carbon paper ematian, ar remaval.	traumatic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQ	le Myventdiret,	Infrictin 2"	
by by I, cr	or ather		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQ		renla ducel.	
equires t in signed Then plear ir ta buria	, Kuolui	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO THE TERM	MIMAL DISEASOOR TONDITION OF	PART IIO
has bee	shaws and	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHILE	HOPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO NO
physici rtificate al-transit tal Hygi	Item 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
thendii the bu	marked ar h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
A Afr	21 is mar		22a. I certify that (I) (this hosp saw the deceased alive as	ntal) attended the deceased fram		death occurred on the date and ha	ur and from the causes stated
DIREC oched Dept.	II. If Hem 2		obove, (I) (we) (did) (did ni 22b. SIGNATURE	of view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 9/18/82
retained by the TO FUNERAL should be det with the State	MPORTANT		22d PHYSICIAN'S NAME (TYPE MICHAEL GARA)	HY, M.W.		LLWOOD ROAD, BAL	TIMORE, MARYLAND
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STATE OF MARYLAND

FOR

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 26. HOUR (TYPE OR PRINT) (NMN) 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH MONTH White 1925 10. Male Aug. 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Virginia U.S.A. WIDOWED DIVORCED ANNE ARINDEI COUNTY 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION PC+ 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Constr. Worker | Consolidated GLEN RURNIE NORTH ARINDEL HOSPITAL SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Eng. Glen Burnie 13n STATE 136. COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 6 Baylor Rd., 21061 A.A. Maryland Co. YES [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Pear 1 Sturgil William Singleton ADDRESS Same as # 17 INFORMANT (Wife) 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 226.24.1215 Mrs. Muriel Singleton TT Yes W.W. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and a PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if onv. which gave rise to immediate cause (a), stating the underlying cause CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIF FITHER NOTIFY MEDICAL EXAMINERS 21f. LOCATION 21e. PLACE OF INJURY 5 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from ____ saw/the deceased alive an __ and that in (my) (our) opinian death accurred an the date and have and from the causes stated SMATURE 22c DATE SIGNED DEGREE MEDICAL DIRECTOR PHYSICIAN FUNERAL PHYSICIAN THE PHYSICIAN'S NAME ITTE OF MENTS 27e ADDRESS 21146 should be DONALD HISLOP, M.D. ROAD, SEVERNA PARK, MARYLAND 23a BURIAL CREMATION REMOVAL 23r NAME OF CEMETERY OR CREMATORY 73ff LOCATION 23'Sept.82 Zion Cemetery Elkridge Howard Glen Burnie 250. DATE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 ADDRESS Singleton Funeral Home MD. (VRA 15, 4)

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tal territory and setted to the D. Ligewood arrange and ADJI . and Charles Com Lander Company of the Pres Landon Co 10 PIC BURGERS X 886 Holly Drive 21401 Albert C. South Evelyn Sheeler We first that I shall shall be the owner of the state of Tanta I would be I smith parents Comment - Cotalise Habbary Ameld Att ma

STATE OF MARYLAND		134	39%	area.		A	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	2	de	dist	544	
CERTIFICATE OF DEATH	-			99			

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nay be page 3 er death		CEASED NAME FIRST CHRIST	MIDDLE	5	Smith	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Page 4 may	3 SE		(aucasian	5. DATE C	c. 24, 1890	6 AGE (IN YEARS LAST BIRTHDAY) 91 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
d	, c	OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? USA	WIDOWE		9. BALTIMORE CITY <u>OR</u> COUN Anne Arunde	
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n 24 hau filled in hauld be	Ma	ryland Anne	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY Arunder Baltin	N	136 INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS 6000 Ritchi	e Highway
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equires that the death certificate be signed by the attending physicia. Then please remave carbomoppers rate burial, cremation, ar removal. injury, or ather traumatic event, the	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO E	NCE OF	Cless Sylvanot Related to the term	INAL DISEASE OR CONDITION G	SIVEN IN PART 1(a)
The law recian. e has been sit permit. I giene priar thows any ii	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO		YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
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TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIREC should be detoched it with the Stote Dept. (MPORTANT: If them		22d. PHYSICIAN'S NAME (TYPE OR N v s to	resland		DEGREE ATTENDING PHYSICIAN Z 226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 9 22 12 C Secretary ports
BP	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	1 1 0	. /	emetery or crematory annel (em.	23d LOCATION CITY OR TOWN Battimore,	Maryland STATE
OHMH - 16 50M 1/76 (VR A 15 (4))	24. F	UNERAL DIRECTOR Cully Funeral H	ome 237 E. PAta	Md.,		EP 2 4 1982	STRAR'S SIGNATUSE LILLY

Smith 9/32/83 Christina Eq. (2) No. Arranded Augus Home White England and the State of r de la company
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injury, ar other traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL H	YGIENE &	REG. NO.	22	4 4 8
	ECEASED NAME FIRST	L/in	Pertram	S	P1995	2a DATE O	09	DAY YEAR 13 AL	26. HOURS
1. 30	male	WAL	ite	o G	H DAY YEAR	a. AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOW	D NEVER MARRIED		Arundel	NTY OF DEATH	MD.
10 C	mald	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET A AYberry Dr	G HOME (OR OTHER INSTITUTION	120 USUAL (TYPE OF WO	OCCUPATION RK FOR MOST OF WORKIN	12b. KIND C	OF BUSINESS OR
13a M	AL RESIDENCE (IF NURSING HOME STATE 136 COI aryland Anne	OR OTHER INSTITUTION	13c. CITY OR TOWN	ADMISSION)	13d INSIDE CITY LIMITS		ADDRESS Bayberry 1	Drive	
	ATHER'S NAME FIRST Franklin	O. WIDDLE	Spriggs		15. MOTHER'S MAIDEN FIRST Anna	NAME	M.	Krame	st er
16a V		RMED FORCES? GIVE WAR OR DATES)	214-05-2		Ruth E. Sp.	riggs (s	ADDRESS	and the same	
z	Conditions, if ony, which gave rise to immediate couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	ONTRIBUTING TO D	SCE NCE OF			esculo V		ean
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MEDICAL CERT	21s. ACCIDENT WAS UNDERTYING - OR CONTRIBUTING CAUNE OF O 15 DTHEK INSTER MEDICAL EXAMINATED THE PROJURY OCCUPANTO	tris P.		Y YEAR	21r. HOW INJURY OCC	URRED (15/16 50	540	- Search	NO []
WE	at worst at	JAT HOME, 61	REET, FACTORY, OFFICE, FA	50	107	V (Preser	E COUNTY	STATE THE CONTRACT
	say the deceard hive o	Jun	tather death 1 8	11	ATTENDING PHYSICIAN THE ADDRESS	MEDICAL	STAFF	hour and from the	
	William C. We				104 Forbes			is, Mary	Land
230. E	BURIAL, CREMATION, REMOVA SPECIFY AL	236 DATE 09-25-			Meth. Church			ne Arunde	al. Md.

1212 West St., Anna., Md.

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DHMH - 16 50M 1/B1 (VRA 15, 4)

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Poga (NO) be	3. SE	emale RTHPLACE STATE OR FOREIGN	White J. B. CITIZEN OF WHAT COUNTRY? 8	Stallings ITE OF BIRTH DAY YEAR	20. DATE OF DEATH MONTH Sept 6. AGE (IN YEARS LAST BIRTHDAY) 1.3 9. BALTIMORE CITY OR COU	DAY YEAR 26. HOUR 26. HOUR IF GNOER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN RS.
1 hours ofter death. 1 hours ofter death. 2 be filed within 72 stoe notified it on	10. C	TY OR TOWN OF DEATH LEN BUYNE AL RESIDENCE (# NURSING HOME OF TATE) TATE [138 COUN	11. NAME OF HOSPITAL, NURSING HOD IN SUCH FACILITY, GIVE SIREET ADDRESS OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	s & Con. Cotr.	Anne An 12a USUAL OCCUPATION (TYPLOF WORK FOR MOST OF WORK) Hamemoke	1 1
e executed within 2c on a completely fill Poges I and 2 shoul medical Romine (m	16a V	ATHER'S NAME PIRST PENJAMIN VAS DECEMBED EVER IN U.S. AR	A Honapolts Bassford	YES NO X 15 MOTHER'S MAIDEN NA FIRST	801 Chestna	Tayman Same as
W. PRESTON ST., of the death certific the offending phy the ottending physe remove carbon preferencion, or remo	NO	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost	ly one couse per line for (o), (b), and (c)	t CHF	MINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH.
DIVISION OF VITAL RECORDS, 201 DING PHYSICIAN; The law requires the or attending physicion. After this certificate has been signed to east the burial-trast permit. Then plea oith and Mental Hygiene prior to burial, morked or Item 18 shows any injury, or a survive of them.	MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK		21r. HOW INJURY OCCUR		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO NA 18, PART 1 OR PART 2) COUNTY STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR: Af should be detached for use o with the State Dept. of Health IMPORTANT; if them 21 is mo		sow the deceased alive on	to view the body ofter deoth. \$20	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [THE ADDRESS	deoth occurred on the dote and MEDICAL STAFF DIRECTOR PHYSICIAN	19 SZ, that (1) (we) los I hour and from the couses stated 22c. DATE SIGNED PZSS2
BP		JURIAL, CREMATION, REMOVAL PLIFY JUNETAL DIRECTOR NAME	Sept 28,482 Gler	1. 1. 16 FF	23d. LOCATION CUT OF TOWN TE REC'D. BY REGISTRAR BY RE	GISTRAR'S SIGNATURE
(VR A 15 (4))	13	ohn M. Taylo	r & Jons-Hnngp	otis, MU SEF	49 130C Jou	

STATE OF MARYLAND

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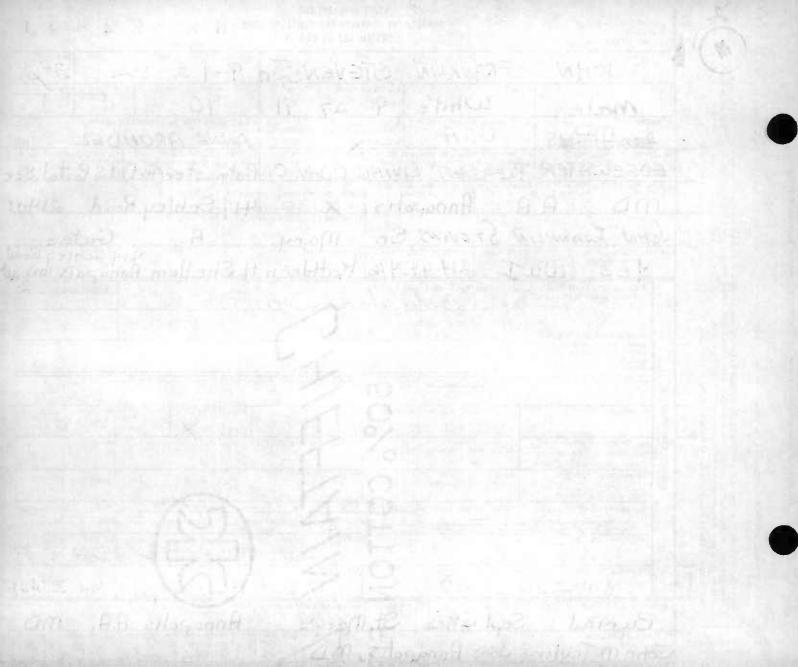
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Singleton Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 4 5
"	. DE	CEASED NAME FIRST OR PRINT) JOHN	FRANKLIN STEVENSJ 9-12-82 3 0 M
	1. SE	male	1. RACE S. DATE OF BIRTH MONTH DAY SAR 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. YRS.
35	PK 01	TRUS	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED ANNE IARUNDEL MD.
0	E	OGEWATER	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH PACILITY, GIVE STREET ADDRESS) COTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI COTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI
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morked or Item 18 shows	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DAY YEAR P.M. 19
orked or	MED	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN COUNTY STATE
n 21 is m		sow the deceased glive on obove (1) (we) (did) (did not	ital) attended the deceased from Synt 19 19 19 19 19 19 19 19 19 19 19 19 19
e Stote Dep		226. SIGNATURE B. T.	Fulcal MD DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR D
with the Stote			low MD 17 West St Annageolis, Md 21401
_	1	URIAL, CREMATION, REMOVAL	Sept. 15, 1982 St. Mary's Annapolis A.A. mb
50M 4/82 15, 4)		ohn M. Taylor	- E Sons-Annapolis, MD 250. DATE REC'D. BY REGISTRAR'S SIGNATURE SEP 15 1982 John & Canada



injury, or other traumatic event, th

FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 2	2 2 4	5 2
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		EDT
I DECEASED NAME FIRST	WIOOFE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
LENO	RE M.	SYLVESTER	SEPTEMBI	ER 20, 1982	7:35 PM
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	OAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	White	July 15°, 1899°	83	YRS.	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN MATYLAND	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR C	COUNTY OF DEATH	MD
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OR CONTRIBUTING CAUSE OF D	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
sow the deceased alive of above, (I) (we) (did) (did)	pital) attended the defeased from 9 20 19 hot) view the body after death.	32, and that in (my) (our) opinion	, to deoth occurred on the date	and hour and from the c	
22b. SIGNATURE H-TO-	ladra	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	22€ DATES	IGNED
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS 3236	MOUNTAIN ROA	AD	

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Harry H Witzke 4112 ColumbiaRd EllicottCity

23b. DATE Sept 23'82

230 BURIAL, CREMATION, REMOVAL BUFIAL

ENA, MARYLAND 21122

23d LOCATION
CITTORIOWN
Baltimore Maryland Moraland Memorial Pk. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE SEP 2 3 1982

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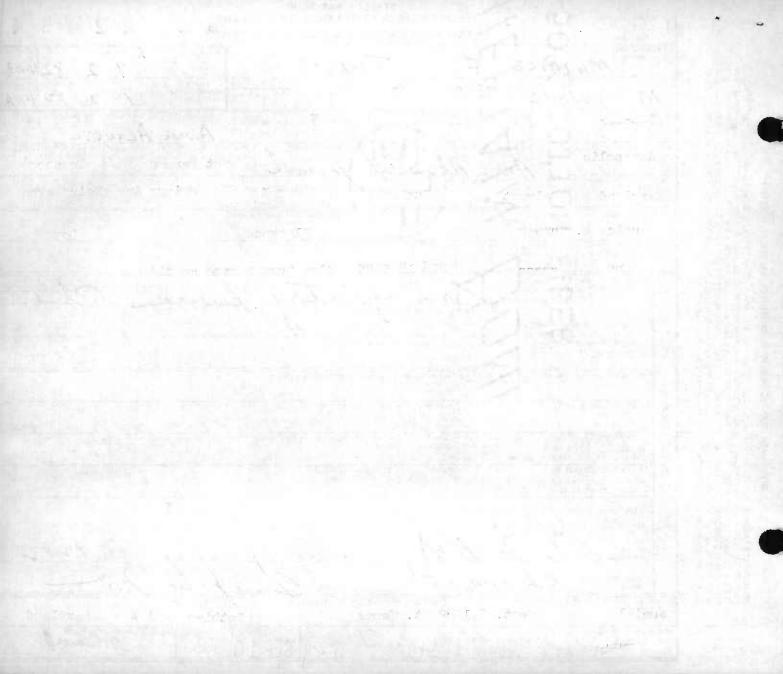
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR DECEASED NAME 20. DATE KNOWN TYPE OF PRINTS ESTI-OF MAURICE DEATH MATED S. DATE OF BIRTH IF UNDER 24 HRS DATE 26°AY PRONOUNCED DEAD BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED USA WIDOWED DIVORCED 4NDIL IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OCCUPATION (TYPE OF WORK OR INDUSTRY Tobacco Annapolis ret Farmer SUAL RESIDENCE HE IN NURSING HOME Maryland 13c. CITY OR TOWN 13d INSIDE CITY LIMITS 13e. 57 FET APRETEDINGS Ave Calvert Fair Haven NO [YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Maurice E. Turner Florence Dove 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 216 18 5395 no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONSEQUENCE Canditions, if onv. which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF HE YES 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MELO.

EXECUTE THE C.E.

TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STP

ALTHWORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autapsy and in my apinion death resulted fram Hamicide Undetermined monner **ACTUAL MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE Maryland burial 5,1982 St. James Sept. Lothian AA BP 250. DATE REC'D. BY REGISTRAR 24 REGISTRAR'S SIGNATURE CED 1 0 1982 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 15M 2/80



1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	2 2 4 5 5
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	PART I. DEATH WAS CA	ter only one cause per line for to (b), and (c). AUSED BY EDIATE CAUSE (a) Congestine Reat failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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CERTIFICATION	190. DATE OF OPERATION		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
1 -	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O LIFE LITHER NOTIFY MEDICAL EXAM	OF DEATH HOUR A.M. MONTH DAY YEAR	u 18 PART I ORPART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN	COUNTY STATE
	22a. I certify that (I) (the sow the deceased aliv	hoserfal) oftended the deceosed from augh, 19 82, to Sep 2 ve on 19 82, and that in (my) (exc) opinion death occurred on the date and laborativities the body often death. DEGREE	
	J.C.	Cullis MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	220 PATE SIGNED 2/982
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DHMH - 16 50M 1/BI • (VRA 15, 4)

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Annapolis, Md. ADDRESS

WILLIAM REESE & SONS MORTHARY P

FOR

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DHMH - 16 50M 1/81

(VRA 15, 4)

24 FUNERAL DIRECTOR

CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT CLAUDE ICKMAN 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) SOUTHGATE AVENUE McPHERSON ADDRESS LLOYD 72 Southgate Ave. Annapolis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN STATE and that in (my) propinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 9-9-1982 PINELAWN MEM. PARK nnapolis

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN MONTH YEAR 2b. HOUR ITYPE OR PRINT) EST1-DEATH MATED 19 3. SEX 2d. HOUR IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED DEAD CU 7b. CITIZEN OF 9. BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE ISTATE OR COUNTRY MARRIED A NEVER MARRIED FOREIGN COUNTRY) U.S.A. Virginia ARUNDE L DIVORCED ANNE WIDOWED ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CAPHANAS] Vending S. RETAIN PA SHOULD BE ! Operator Automotive JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS Baltimore Md. Trillo Ave 598 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST FIRST Williams Forrest Dot Hipes 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** 16b SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) NO 89 51 Williams Doreen same OXMATE INTERVAL EN CINCET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line WRITING THE WURL TELEGICAL EXAMITYS THE MARDED TO THE CHIEF MEDICAL EXAMITYS THE CHIEF MEDICAL EXAMITYS THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE OTHER OF PRIOR TO BURIAL, CREMATION, OR PEMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:41 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY HOURAM MONTH DAY YEAR UNDERLYING FOR MEDICAL 8 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER BEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P FACTORY, FARM, ETC.) WHILE AT WORK NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy deoth resulted from Accident Homicide TITLE (SPECIFY MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 3d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY Burial 9/7/82 Locust Bottom Cem. Botetourt, Virginia BP. 24 FUNERAL DIRECTOR ADDRESS Balto. Md. 21225 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Gonce 4001 Ritchie Hgwy (VR A15 ME (5)) 15M2/80

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME OF ESTIDEATH MATED 2a. DATE 7h HOUR (TYPE OR PRINT) Joseph Wilson 1982 3 SEX 4 RACE 4 H2HR IF UNDER 24 HRS DATE XECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAT 13 INCLUDING HOW IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR BURIAL - TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOWING MAINT HAGISTON OF WITH RECORDS 7201 W, PRESTON STRANS IN A PRESTON OF WITH RECORDS 7201 W, PRESTON STRANS IN A PROPERTION OF WITHIN PAGES IN A PRESTON STRANS IN A PROPERTION OF WITHIN PAGES IN A PRESTON STRANS IN A PRESTON STRANS IN A PRESTON STRANS IN A PROPERTION OF WITHIN PAGES IN A PRESTON STRANS IN A PRESTON STRANS IN A PROPERTION OF WITHIN PAGES IN A PRESTON STRANS IN A PROPERTION OF WITHIN PAGES IN A PAGES YEAR LAST BIRTHDAY) PRONOUNCED July 21 19 Male White DEAD 63 1982 b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRYS Maryland USA WIDOWED [DIVORCED County Anne Arundel ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS OR INDUSTRY Operating Eng. Annapolis Anne Arundel General Hospital Const. 1136 COUNTY 13a STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Anne Arundel Lothian 135 Wayson Mobile Court YES | NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ANDDLE FIRST LAST Wilson Lillie Joseph 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) Same as Above W.W.II Yes 579-09-3613 Frances Wilson. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Shotaun wound of chest and abdomen IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHEB SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION INE...
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Funeral Home

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST 20 DATE OF DEATH MONTH DAY TYPE OR PRINTE 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) GL 70 BIRTHPLACE 15' ATE OR FOREIGN 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION nippuilde 3a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS

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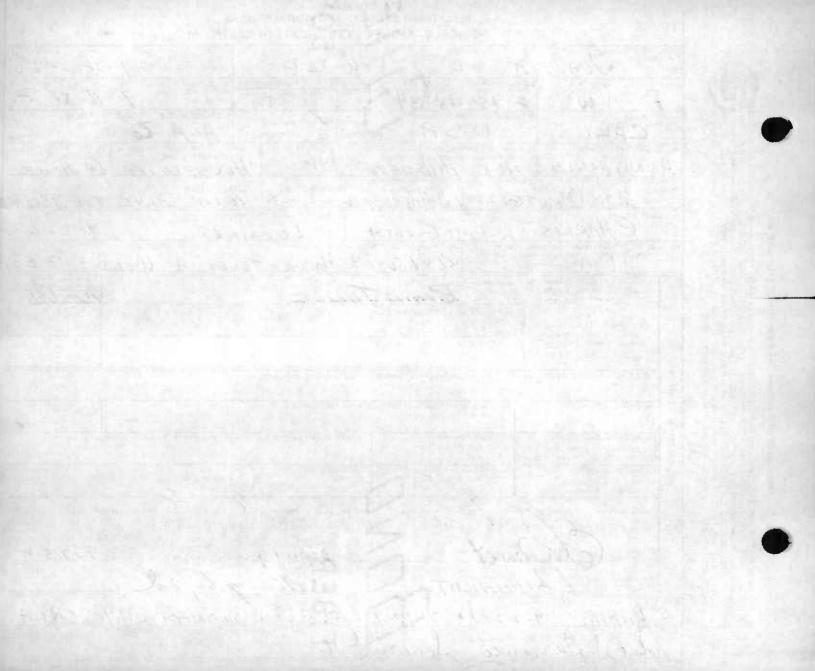
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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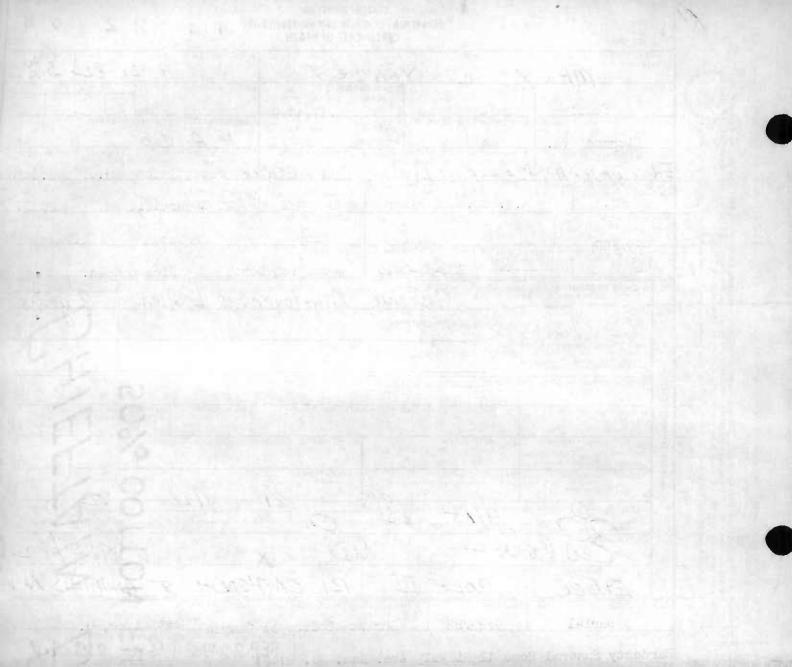
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NG PHYSICIAN: The law requires that the death certificate be executed within 24 herminal physician. After this certificate, has been signed by the attending physician and completely filled in the state that the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be the and Mental Hygiene prior to burial, cremation, or removal. and Mental Hygiene prior to burial, cremation, ar removal.		Md.	A.A. Co		ver	YES NO X		wensvil.	le Rd.	20881
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PHYSICIAN: ending physic this certifico re buriel-tran ad Mental Hy	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION		TH 08 TOWN:	COUNTY	STATE
3 Pt arten the and ked o	ME	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC)	STREET		TY OR TOWN	COUNTY	STAIL
ATTENDING Property of the content of		22a.1 certify that (I) this	hasaital) attended th	de deceased from	9/0	19. 81	10 9	1-21	19 82	, that (1) we) lost
TEN TOR: OR: or us		sow the deceased oliv	re on	75 19	824, on	d that ip (my) our) opinian	death accurred a	n the date and t	nour and from t	
		22b, SIGNATORE	id not) view the body	ofter death.		DEGREE			22c. DA	TE SIGNED_
the hite horder		(11)	16 let	H	1	ATTENDING .	MEDICAL	STAFF	9/	21/82
PITAL Spare		22d. PHYSICIAN'S NAME (TYPE OF PRINT!			PHYSICIAN PHYSICIAN	DIRECTOR	PHYSICIAN [-1//	100
O HOSPITA etained by TO FUNER hould be d with the Sto		FIRM		OLEI	TT	121 (17	HONDA	(G	1 ala) A	BUS MA
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F - 1% - 533 - 53		SURIAL, CREMATION, REMO			NAME OF C	EMETERY OR CREMATORY	23d LOCATIO	OWN	COUNTY	STATE
BP	77.00	Burial	9/2	3/82	Chri	st Episcopal	TE REC D. BY REG	West R	iver Md	ATURE
DHMH - 16 50M 4/82		UNERAL DIRECTOR		ADDRESS		256. DA	P 2 2 19		PISTRAR'S SIGN	CALL
(VRA 15, 4)	Hai	desty Funera	1 Home 12	Ridgely	Ave.	Ann Md 21%	4219	06 10	mix	which



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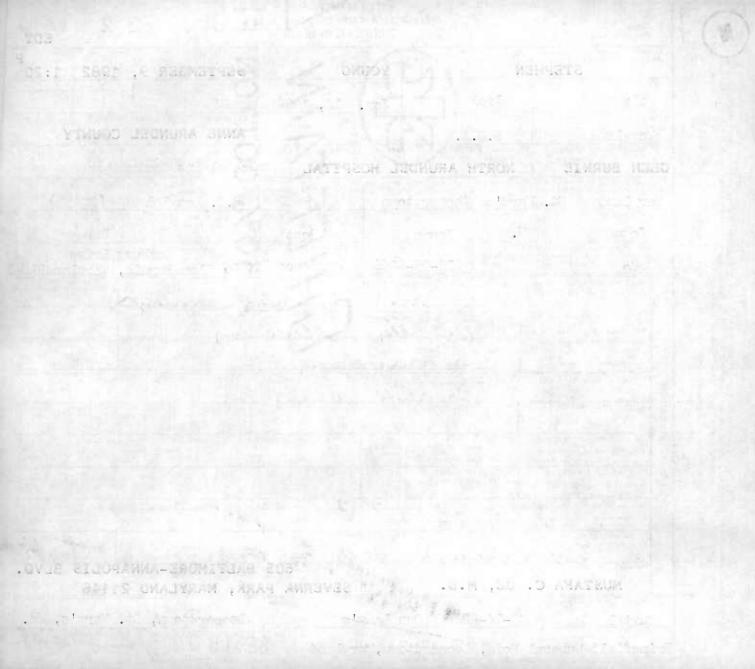
ENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_	NEO IO MANA						RE	G. NO.		EDI
	CEASED NAME	FIRST	3/1/	MIDDLE	750	LAST	20. DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR
	S	TEPHE	N		YOU	JNG	SEPTEMBER 9. 198			1:20
3. SE	X	4.	RACE		5. DATE		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	
	Male		Black	2	Jan		74	YRS	MONTHS DAYS	HOURS MIN.
TE B	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CI			
	COUNTRY) Maryland	1	U.S.	Α.	WIDOW	ED NEVER MARRIED DE DIVORCED	ANNE A	RUNDE	L COUN'	ry M
GI	EN BURNI	E	NORT	H ARUND	EL HO	OR OTHER INSTITUTION OSPITAL	120 USUAL OCCU STYPE OF WORK FOR M SChool BI		12b. KIND (INDUSTRY tractor	OF BUSINESS OF
13a. M	AL RESIDENCE (IF NURS STATE aryland	St. Ma	/	13c. CITY OR TOW Leonardt	/N	13d. INSIDE CITY LIMITS? YES NO 🕅	13e STREET ADDR		(20	650)
14 F	John		DDIE H.	Young		15. MOTHER'S MAIDEN NA FIRST Rose	WIDE		Barr	nes
	WAS DECEASED EVER	IN U.S. ARME		166. SOCIAL SECL	JRITY NO.	17 INFORMANT	793	RESS Wh	ury Driv	re ·
	No	(11 100,0110 11	AN ON DATEST	219-05-	6356	Constance B	Brown, Gle	n Rum	ie Mars	olchar I
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 190. DATE OF OPERATION 190. CONDITION FOR			De me	DEATH BUT	ulcens	AINAL DISEASE OR (20b. IF '	YES, WERE FIND!	NGS USED
TIFE							YES NOT		TIFYING CAUSES	NO
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDK 21d. INJURY OCCURE WHILE NOT WH AT WORK	CAUSE OF DEATH CAL EXAMINER) RED	21b. TIME O HOUR A. P 21e. PLACE ((AT HOME STR	M. MONTH DA	19	211 LOCATION SIREET		INJURY IN ITEM I	COUNTY	STATE
	220 1 certify that (1) saw the decease above, in the (c) 220 PHYSICIAN'S NA MUSTA	ed alive an	riew the bady	after death.		22e ADDRESS 605	MEDICAL DIRECTOR PH BALTIMO	STAFF YSICIAN ()	22c DATE	
23a	BURIAL, CREMATION,		23b. DATE		NAME OF C	SEVERNA P.	173d LOCATION	ILLAND	21140	
100	Burial		9-14-8		r Lad		CON OR TON	town,	St. Mary	s, Md.
24 F	UNERAL DIRECTOR					25a. DA1	TE REC'D. BY REGIST			

DHMH - 16 50M 1/81 (VRA 15, 4)

Brinsfield Funeral Home, Leonardtown, Maryland

250. DATE REC'D. BY REGISTRAP 25b. REGISTRAR'S SIGNATUS



_		STATE OF MARYLAND							
M	1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 2 2 REG. NO.	2 4 7 E.D.T.			
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR			
poge 3		ELIAS	L.	ZAHN		1982 4:30 Am			
of per	3. SE	X	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR FUNDER 24 HRS			
hours offer hours offer	_	MALE	WHITE	JANUARY 22 1904	/& YRS.				
1 2	-	IRTHPLACE (STATE OF FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEL CO				
154 5H	10. C	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) L HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF				
Sales be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13h, COUL	A I C	M 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	AVE			
Somine (myst be	14 F.	ATHER'S NAME FIRST 108195	MIDDLE ZAHA	15. MOTHER'S MAIDEN NA BERTHA		SHIPLEY			
Poges		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES) 212-09-4		ZAHN SAME	AS 13)			
removol.			nly one couse per line for (0), (b), one ED BY: TE CAUSE (0) CQ Ydi	respiratory	crrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
or or or		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF Shock					
crem other		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	nctor encept	alo pathy				
Then pled to buriol injury, or	NO		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		EN IN PART 1(0)			
i o i	CERTIFICATION	19a. DATE OF OPERATION	- 3	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{NO} \)			
Mental Hygiene par Item 18 shows o		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)			
buo	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE			
0 0 E			ital) attended the deceased from_	. 19		19, that (I) (we) last			
oched for us Dept. of He if them 21 is		sow the deceosed olive or obove, (I/We) (did) (did no	19		death occurred on the date and hou				
be detoched e Stote Dept. TANT: If frem		The SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED			
should be derived by with the Stote		BASANT K. KI	HANDELWAL, M. D.	220. ADDRESS 205 BA	ALTIMORE-ANNAPOLIS	S BLVD. 21061			
. 5 3 ₹	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) BUISIAL	236. DATE 236. 1 Sar. 14, 1982 KA	NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN WESTMINISTER	CARROLL MD.			
50M 4/B2	1	UNERAL DIRECTOR NAME S. BARRI	501	RITCHIE HWY! 50 DERNA PARK, MD.	SFP 1 6 1982	RAR'S SIGNATURE			

The production of the producti A STATE OF THE STA